**STUDENT PHARMACIST MEMBERSHIP ENROLLMENT FORM**

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### 3 EASY WAYS TO ENROLL

**Online:** Fast, easy, and secure submission to enroll using a credit/debit card (Student Pharmacists: Visit www.pharmacist.com for more information.)

**By Phone:** 800/237-APhA (2742) between 8:30 am and 5:00 pm Eastern Time, M-F using a credit/debit card (Visa, Mastercard, American Express, Discover)

**By Mail:** Print, complete, and return to your APhA-ASP Chapter Membership Vice President. APhA Member Services, 2215 Constitution Ave. N.W., Washington D.C. 20037

**Disclaimer:** NO REFUNDS are given for student memberships.

Please check one:  
☐ New/Reinstated  
☐ Renewing Member

Check one box. All students graduating in 2020 only have the option of signing up as a Transitioning Member.

☐ Transitioning Member  
☐ Single Year Member

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**Member ID:**

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**REQUIRED GRADUATION YEAR**  
**ANTICIPATED DEGREE**

**Transitioning Membership Year 2019-2021:**

**Regular Student Membership Year 2019-2020:**

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**PREFERRED ADDRESS (SCHOOL)**

<table>
<thead>
<tr>
<th>PREFIX</th>
<th>FIRST NAME</th>
<th>INITIAL</th>
<th>LAST NAME</th>
</tr>
</thead>
</table>

**SCHOOL E-MAIL ADDRESS**

**PERSONAL E-MAIL ADDRESS (REQUIRED)**

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
</tr>
<tr>
<td>TELEPHONE</td>
</tr>
</tbody>
</table>

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**PERMANENT ADDRESS (HOME)**

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

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**SCHOOL NAME and CAMPUS**

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**PAYMENT**

| APhA NATIONAL DUES:  
☐ Transitioning $110  
☐ Single $45 |

**ASP CHAPTER DUES:**

**STATE ASSOCIATION DUES:**

**PAC:**

**TOTAL:**

**GIVE TO THE APhA-PAC! EVEN $1 MAKES A DIFFERENCE!**

Please check with your APhA-ASP Chapter Membership Vice President for Chapter and State dues amounts.

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**Payment Options:**

| ☐ Check/MO |
| ☐ Visa  
☐ MasterCard  
☐ AMEX  
☐ Discover |

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**NAME ON CARD**

**CARD NO.**

**EXP. DATE**

**SECURITY CODE**

Thank you for joining the American Pharmacists Association! To see a list of member benefits please visit www.pharmacist.com

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2019WEB