STUDENT PHARMACIST MEMBERSHIP ENROLLMENT FORM

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.
American Pharmacists Association, Box 931411, Atlanta GA 31193-1411
Disclaimer: NO REFUNDS are given for student memberships.

Please check one:  ☐ New/Reinstated  ☐ Renewing Member

Check one box. All students graduating in 2021 only have the option of signing up as a Transitioning Member.
☐ Transitioning Member  ☐ Single Year Member

Member ID:

REQUIRED GRADUATION YEAR  ☐ Transitioning Membership Year 2020-2022:
☐ Regular Student Membership Year 2020-2021:

PREFERRED ADDRESS (SCHOOL)

PREFIX  FIRST NAME  INITIAL  LAST NAME

SCHOOL E-MAIL ADDRESS

PERSONAL E-MAIL ADDRESS (REQUIRED)

ADDRESS

CITY  STATE  ZIP CODE  TELEPHONE

PERMANENT ADDRESS (HOME)

ADDRESS

CITY  STATE  ZIP CODE

SCHOOL NAME and CAMPUS

PAYMENT

APhA NATIONAL DUES:  ☐ Transitioning $120  ☐ 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.

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

NAME ON CARD

CARD BILLING ADDRESS  ZIP CODE

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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