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.
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 2018 only have the option of signing up as a Transitioning Member.
☐ Transitioning Member ☐ Single Year Member

Member ID:

REQUIRED GRADUATION YEAR ANTICIPATED DEGREE
Membership Year 2017–2019:

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

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

2017WEB