



OSHP MEMBERSHIP APPLICATION

Please complete both sides of the following application, and return it with your annual dues payment made payable to OSHP. Dues are based on each individual's anniversary year.

I hereby apply for membership in OSHP. I will abide by its bylaws, support its objectives, attend meetings whenever possible, pay the established dues and adhere to the best of my ability to such rules as may be adopted.

Profile Information (For OSHP Office only)

Mr. Mrs. Ms. Dr.

First Name: _____ Last Name: _____ Designations: _____

Organization/Company Name: _____ Position/Title: _____

Address (include Dept./Mail Stop): _____

City: _____ State: _____ Zip Code: _____

County: _____ Website: _____

Business/Daytime Phone: _____ Cell: _____

Primary Email (required): _____ Fax: _____

Mailing Address (For printed mail correspondence)

Same as above Profile address.

Organization/Company Name (if the address below is a business): _____

Address (include Dept./Mail Stop): _____

City: _____ State: _____ Zip Code: _____

Home Address (Optional)

Same as above Mailing address.

Address (include Dept./Mail Stop): _____

City: _____ State: _____ Zip Code: _____

Membership Categories & Annual Dues – Please check ONE

Pharmacist Member - \$175

Available to any pharmacist supporting the goals and objectives of OSHP. All Active membership categories receive publications and general communications of the Society, may attend meetings, vote and hold elective office.

New Practitioner Pharmacist Member - \$100

Member rate discount given for a two year membership (\$50 a year) for the first two years post-graduation.

Retired Pharmacist Member - \$80

Applicants 62 years of age or older are eligible.

Supporting Member - \$175

Supporting Members may be individuals, other than health-system pharmacists, who by their work in the health services, the teaching of prospective health-system pharmacists or pharmacy technicians, or otherwise contributing to health-system pharmacy, make themselves eligible for membership.

Technician Member - \$40

Technician Members shall be licensed, registered, and/or certified pharmacy technicians with a board of pharmacy.

New Practitioner Technician Member - \$40

Member rate discount given for a two year membership (\$20 a year) the first two years of practice.

Pharmacy Student Member - \$25

For students who are enrolled in graduate or undergraduate programs in accredited colleges of pharmacy

University/School Attending: _____ Expected Graduation Date _____

OSHP dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. OSHP estimates that 50% of your dues are not deductible because of OSHP's lobbying activities on behalf of its members.

Additional Membership Information

Chapter Selection: Northern Southern

Are you an ASHP Member: Yes No

License #: _____ What year did you become initially licensed to practice? _____

Committee Involvement: Please consider getting involved and sharing your expertise!

We hope you are able to take full advantage of membership by volunteering for one (or more!) of the following active council/committees. A volunteer leader will contact you with details. Please check all you may be interested in.

- Annual Seminar Industrial Relations (IRC) Membership (OAC)
 Educational Affairs (EAC) Legal and Regulatory Affairs (LRAC) Professional Relations (PRC)

Sections/Specialty Interest Groups/Areas of Practice

Section membership is included at no additional charge to all members. You may join as many Sections as you wish, with full access to the specialized news, information, and services of each. If you choose more than one Section, please indicate your preferred Primary Section in the space provided. In your Primary Section, you'll enjoy voting privileges for electing Section leadership and other matters concerning elected positions.

Sections

Primary Section (please check only one)

- Pharmacy Management
 Informatics, technology and research
 Inpatient practitioners and clinical specialists
 Ambulatory Care

Additional Sections of Interest

- Pharmacy Management
 Informatics, technology and research
 Inpatient practitioners and clinical specialists
 Ambulatory Care

Would you like to be considered for a leadership position within your primary section? Yes No

Specialty Interest Groups (Please select all that you are interested in)

Ambulatory Care

- Anticoagulation
 Pain & Palliative Care
 Community Health Centers
 Managed Care
 Community Pharmacy

Informatics, Technology & Research

- Drug Information
 Informatics
 Investigational
 Academia

Inpatient Practitioners & Clinical Specialists

- Cardiology Pediatrics
 Critical Care Psychology
 Infectious Disease Surgery
 Nutrition Support Transplant
 Oncology Geriatrics

Area of practice (Select up to 2)

- Ambulatory Care
 Academia
 Community
 Home Infusion
 Hospital

- Industry
 Long Term Care
 Managed Care
 Other: Please specify _____

Support Pharmacy in Oregon

Yes, I would like to make a contribution to the OSHP legislative activities* \$20 \$50 \$100 Other \$ _____

* Note: This contribution is not tax deductible.

Yes, I would like to make a pledge to the Oregon Pharmacist Fund PAC \$50 \$100 Other \$ _____

Payment Options

Check (payable to OSHP in US Funds) Visa MasterCard American Express Discover

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ Authorized: \$ _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ CVV #: _____

Phone: _____ Email: _____