STUDENT PHARMACIST MEMBERSHIP ENROLLMENT FORM



	m and 5:00 pm Eastern Time A-ASP Chapter Membership W., Washington D.C. 20037	
Please check one:	☐ Renewing Member	
Check one box. All students graduating in 2020 only Transitioning Member Single Year		p as a Transitioning Member.
Member ID:		
REQUIRED GRADUATION YEAR	UIRED GRADUATION YEAR ANTICIPATED DEGREE	
Transitioning Membership Year 2019-2021: Regular Student Membership Year 2019-20		
PREFERRED ADDRESS (SCHOOL)		
PREFIX FIRST NAME	IN	ITIAL 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 \$110	0 □ Single \$45	☐ Check/MO☐ Visa☐ MasterCard☐ AMEX☐ Discover
ASP CHAPTER DUES:		
STATE ASSOCIATION DUES:		NAME ON CARD
*PAC:		CARD NO.
TOTAL:		EXP. DATE
*GIVE TO THE APhA-PAC! EVEN \$1 MAKES A DIFFERENCE! Please check with your APhA-ASP Chapter Membership Vice President for Chapter and		SECURITY CODE Thank you for joining the American Pharmacists Accounting To see a list of member
State dues amounts.		Thank you for joining the American Pharmacists Association! To see a list of member benefits please visit www.pharmacist.com

Disclaimer: NO REFUNDS are given for student memberships.