New Mexico Society of Health-System Pharmacists
Membership Application

P.O. Box 14467, Albuquerque, NM 87191
phone (505) 323-4472 fax (505) 323-4475

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ ZIP _____ County _____

E-mail Address _____

Membership Category (Please circle amount)

Life Member	$ 750
Pharmacist	$ 75
Associate/Non-Pharmacist	$ 75
Technician/Supportive Personnel	$ 20
Pharmacy Student (No CE Credit)	
Pharmacy Resident/Fellow	$ 30
Spouse of Full Member	$ 45
*New Pharmacy Graduate (first year)	$ 30
*Second Year Pharmacy Graduate	$ 50

**(must join first year out of college for this rate)*

Payment Method (Please check one)

☐ Check $ _____ ☐ MASTERCARD $ _____

☐ VISA $ _____ ☐ American Express $ _____

Card Number _____ Expiration Date _____

Signature _____

Practice Site _____

Workplace Street Address _____

Workplace City _____ State _____ ZIP _____

Workplace Phone _____ Home Phone _____ FAX _____

NMSHP Opportunities for Individual Involvement (Please check any committees on which you might like to serve.)

____ Constitution & Bylaws	____ Education/Program	____ Communications
____ Legislative	____ Membership	____ Nominations/Awards
____ Student Affairs	____ Technician Issues	____ Writing articles

Suggestions for continuing education topics:

_____

_____

Primary Licence # _____ Job Title _____

Degree(s) attained: _____ School(s) attended _____

Are you an ASHP Member? _____

Name of Spouse, if applicable _____

I was recruited by the following member:

_____

For Office Use Only

date received	letter	check number	card	pin	database