



2010 Membership Form

Updated 12/1/09

Submit to: PO Box 58356 – Salt Lake City, UT 84158

Name & Title:

Home Mailing Address:

Home Phone:

Employer:

Work Mailing Address:

Work Phone:

Email:

Primary Practice Area: (Check one) Academia Hospital Industry Retail Other

Years in Practice: (Check one) Student: graduation year less than 5 years 5-10 years 10-15 years 15-20 years More than 20 years

Membership Type (Check one)

- Pharmacist \$100 Technician \$50
Retired Pharmacist \$50 Retired Technician \$25
Pharmacy Resident [no charge]
Pharmacy Student [no charge]

USHP is a volunteer organization that depends upon members serving on committees to provide the best programming and advocacy for our members. Would you be interested in learning more about committees? If so, please check which committee(s) below you would be interested in joining:

- Advocacy Communication Membership Program Technician

Once submitted, your membership is valid until the end of the current calendar year. You will receive an email confirmation of your membership once payment is received.

Questions? Please contact Michelle Thompson at 801-483-3039 or michelle@peacockevents.com