



Membership Form

Updated 01/08/2008

Submit to: PO Box 58356 – Salt Lake City, UT 84158
Voicemail: 801-539-0090 Fax: 801-649-3980

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 < 5 years 5-10 years 10-15 years 15-20 years > 20 years

Year of Birth

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, would you be interested in learning more about committee work? If so, please check which committees below are of most interest to you.

- Advocacy Communication Membership Program Technician

USHP no longer issues membership cards. Once submitted, your membership is valid until the end of the current calendar year. Questions? Please contact Michelle Thompson at 801-483-3039 or michelle@peacockevents.com

Payment info (for USHP use only):