



2012 USHP Membership Form

Name & Title: _____

Home Mailing Address: _____

Home Phone: _____

Employer: _____

Work Mailing Address: _____

Work Phone: _____

Email: _____

Publish my information in the online membership directory (available to members only) Yes No

Preferred contact: Home Work

Primary Practice Site (Check one)

- Academia
 Hospital
 Community/Retail
 Ambulatory Care
 Industry
 Other: _____

Years in Practice (Check one)

- Student: graduation year _____
 Less than 5 years
 5-10 years
 10-15 years
 15-20years
 More than 20 years

Interests (Check up to 2)

- Administration
 Ambulatory Care
 Community Practice (Retail)
 Critical Care
 Inpatient (non-critical care)
 Drug Information
 Managed Care
 Oncology
 Psychiatry
 Other _____

Membership Type (Check one)*

- Pharmacist \$125
 1st year graduate \$50*
 2nd year graduate \$75**
 Technician \$50
 Retired Pharmacist \$50
 Retired Technician \$25
 Pharmacy Student [no charge]

* Graduation within 12 months prior to submitting this form
**Graduation 12 to 24 months prior to submitting this form

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 calendar year. You will receive an email confirmation of your membership once payment is received. If you have questions, please contact Katie Oderda at katie.oderda@gmail.com or Shantel Mullin at shantel.mullin@hsc.utah.edu.

Online forms and credit card payments accepted at: www.ushp.org
Or you may mail your registration to:
PO Box 58356 Salt Lake City, UT 84158
Make checks payable to "USHP"