



# MEMBERSHIP FORM

New  Renewal

Name: \_\_\_\_\_

Preferred E-mail address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Business address: \_\_\_\_\_

Personal Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Preferred mailing address:  Home  Business

**Membership Type:**

- \_\_\_\_ Pharmacist \$ 104
- \_\_\_\_ New Pharmacist Practitioner \*or \$ 52
- Resident or Fellow
- \_\_\_\_ Technician \$ 36
- \_\_\_\_ Retired Pharmacist \$ 52
- \_\_\_\_ Student Pharmacist \$ 10
- \_\_\_\_ Student Technician \$ 10

\* Pharmacists within one-year of graduation

**Student Pharmacists, New Pharmacist Practitioners, Residents or Fellows please provide the following:**

Anticipated Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_  
 College of Pharmacy: \_\_\_\_\_  
 Residency/Fellowship Program site: \_\_\_\_\_

**Student Technicians: Please provide the following:**

Graduation date: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Technician School: \_\_\_\_\_

**Pharmacist or technician NV license number:**

\_\_\_\_\_

**Payment Options:**

- \_\_\_\_\_ PayPal ([www.nvshp.org](http://www.nvshp.org))
- \_\_\_\_\_ Cash (do not mail)
- \_\_\_\_\_ Check/Money order payable to:  
Nevada Society of Health-System Pharmacists

Return to: NVSHP  
 P. O. Box 27371  
 Las Vegas, NV 89126

I would like more information/would consider serving on the following NVSHP committees:  
 Awards and Nominations  Membership  Education  Legislative  Technician

Referred by: \_\_\_\_\_

Questions? Comments? E-mail us at [nvshpinfo@gmail.com](mailto:nvshpinfo@gmail.com) or visit [www.nvshp.org](http://www.nvshp.org)

**"Be the eNVy of your colleagues!  
 Join NVSHP!"**