



# OSHP MEMBERSHIP APPLICATION

Please complete both sides of the following application, and return it with your annual dues payment made payable to OSHP. Dues are based on each individual's anniversary year.

*I hereby apply for membership in OSHP. I will abide by its bylaws, support its objectives, attend meetings whenever possible, pay the established dues and adhere to the best of my ability to such rules as may be adopted.*

## Profile Information (For OSHP Office only)

Mr.  Mrs.  Ms.  Dr.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Organization/Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address (include Dept./Mail Stop): \_\_\_\_\_

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

County: \_\_\_\_\_ Website: \_\_\_\_\_

Business/Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Email (required): \_\_\_\_\_ Fax: \_\_\_\_\_

## Mailing Address (For printed mail correspondence)

Same as above Profile address.

Organization/Company Name (if the address below is a business): \_\_\_\_\_

Address (include Dept./Mail Stop): \_\_\_\_\_

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

## Home Address (Optional)

Same as above Mailing address.

Address (include Dept./Mail Stop): \_\_\_\_\_

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

## Membership Categories & Annual Dues – Please check ONE

### Active Pharmacist Membership

*Available to any pharmacist supporting the goals and objectives of OSHP. All Active membership categories receive publications and general communications of the Society, may attend meetings, vote and hold elective office.*

Active Member - \$160

### Discounted Dues Options for Active Pharmacist Membership (Only one discount per membership)

Retired Member - \$80 (*Applicants 62 years of age or older are eligible for this discount.*)

New Practitioner \$50 (*Member rates will be \$50 per year for the first two years post-graduation.*)

### Associate Membership

*Available to associates who support the goals and objectives of OSHP but otherwise do not qualify for Active (Pharmacist) Member status. All Associate Membership Categories receive publications and communications of the Society, and may attend meetings, but may not vote or hold elected office unless otherwise specified.*

Supporting Associate - \$160

*Supporting Members may be individuals, other than health-system pharmacists, who by their work in the health services, the teaching of prospective health-system pharmacists or pharmacy technicians, or otherwise contributing to health-system pharmacy, make themselves eligible for membership.*

Technician - \$40

Technician - \$20 (first 2 years of practice)

*Technician Members shall be licensed, registered, and/or certified pharmacy technicians with a board of pharmacy.*

Pharmacy Student - \$25

*For students who are enrolled in graduate or undergraduate programs in accredited colleges of pharmacy.*

*University/School Attending: \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_*

## Additional Membership Information

Chapter Selection:  Northern  Southern

Are you an ASHP Member:  Yes  No

License #: \_\_\_\_\_ What year did you become initially licensed to practice? \_\_\_\_\_

## Committee Involvement: Please consider getting involved and sharing your expertise!

We hope you are able to take full advantage of membership by volunteering for one (or more!) of the following active council/committees. A volunteer leader will contact you with details. Please check all you may be interested in.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Annual Seminar            | <input type="checkbox"/> Industrial Relations (IRC)          | <input type="checkbox"/> Professional Relations (PRC) |
| <input type="checkbox"/> Educational Affairs (EAC) | <input type="checkbox"/> Legal and Regulatory Affairs (LRAC) |   |
| <input type="checkbox"/> Fall Seminar              | <input type="checkbox"/> Membership (OAC)                    |   |

## Sections

Section membership is included at no additional charge to all members. You may join as many Sections as you wish, with full access to the specialized news, information, and services of each. If you choose more than one Section, please indicate your preferred Primary Section in the space provided. In your Primary Section, you'll enjoy voting privileges for electing Section leadership and other matters concerning elected positions.

### Sections

#### Primary Section (please check only one)

- Pharmacy Management
- Informatics, technology and research
- Inpatient practitioners and clinical specialists
- Ambulatory Care
- New Practitioner

#### Additional Sections of Interest

- Pharmacy Management
- Informatics, technology and research
- Inpatient practitioners and clinical specialists
- Ambulatory Care
- New Practitioner

Would you like to be considered for a leadership position within your primary section?  Yes  No

### Specialty Interest Groups (Please select all that you are interested in)

#### Ambulatory Care

- Anticoagulation
- Pain & Palliative Care
- Community Health Centers
- Managed Care
- Community Pharmacy

#### Informatics, Technology & Research

- Drug Information
- Informatics
- Investigational
- Academia

#### Inpatient Practitioners & Clinical Specialists

- Cardiology
- Critical Care
- Infectious Disease
- Nutrition Support
- Oncology
- Pediatrics
- Psychology
- Surgery
- Transplant
- Geriatrics

## Areas of Practice

### Area of practice (Select up to 2)

- Ambulatory Care
- Academia
- Community
- Home Infusion
- Hospital

- Industry
- Long Term Care
- Managed Care
- Other: Please specify \_\_\_\_\_

## Support Pharmacy in Oregon

Yes, I would like to make a contribution to the OSHP legislative activities\*  \$20  \$50  \$100  Other \$ \_\_\_\_\_

\* Note: This contribution is not tax deductible.

Yes, I would like to make a pledge to the Oregon Pharmacist Fund PAC  \$50  \$100  Other \$ \_\_\_\_\_

## Payment Options

Check (payable to OSHP in US Funds)  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Authorized: \$ \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

OSHP dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. OSHP estimates that 50% of your dues are not deductible because of OSHP's lobbying activities on behalf of its members.