

Membership Application

1 Contact Information

LAST NAME	FIRST NAME	MIDDLE NAME
DEGREE	NABP E-PROFILE ID	BIRTH DATE (MM/DD)
EMPLOYER		
JOB TITLE		
PREFERRED ADDRESS		
CITY, STATE, ZIP		
HOME PHONE	WORK PHONE	CELL PHONE
E-MAIL ADDRESS		
GRADUATION YEAR (OR WILL GRADUATE)		
REFERRED BY		

Would you like to receive *CJHP* electronically? Yes No
(no paper copy will be sent out)

2 Select Your Affiliate Chapter (circle one)

Regional Chapters

Central Valley (Modesto, Stockton)	North Coast (Eureka, Santa Rosa)	San Fernando Valley (Sherman Oaks, Ventura)
Diablo (Fairfield, Fremont)	Orange County (Anaheim, Santa Ana)	San Gabriel Valley (Glandale, Pomona)
Golden Empire (Bakersfield, Delano)	Quatra County (Santa Clara, Santa Cruz)	Sierra (Fresno, Visalia)
Golden Gate (Marin, San Francisco)	Sacramento Valley (Roseville, Sacramento)	South Bay/Long Beach (Gardena, Torrance)
Inland (Riverside, San Bernadino)	San Diego (El Centro, San Diego)	Southern California (Los Angeles)

Student Chapters

CNU
Loma Linda
Pacific
Touro
UCSD
UCSF
USC
WesternU
Other
None
Out of State

If you do not choose a chapter, you will be assigned one according to your mailing address.

3 Circle One Item in Each Category

Title

Associate/Assistant
Director
Clinical Coordinator
Clinical Pharmacist
Generalist
Clinical Pharmacist
Specialist
Director
Faculty/Academia
Other
Other Supervisory
Pharmacist
Pharmaceutical Industry
MSL/MIS
Pharmaceutical Industry
Resident/Fellow
Staff Pharmacist
Student

Practice Setting

Academic – Admin/Faculty
Ambulatory Care
Community Practice
Consultation
Government/Veterans
Affairs
HMO/Pharmacy Benefit
Mgmt
Home Infusion Therapy
Services
Hospital – Inpatient
Hospital – Outpatient
Hospital – University/
Teaching
Industry
Joint Commission
Law
Long-Term Care
Other
Retired
Student

Specialty Practice

Allergy/Asthma	None
Anti-Microbial	Nuclear Medicine
Anticoagulation	Nutrition
Bio-technology	Oncology
Cardiovascular Medicine	Ophthalmology
Critical Care	Osteoporosis
Dermatology	Other
Drug Information	Pain Management
Education	Pediatrics
Emergency Medicine	Pharmacodynamics
Endocrinology	Pharmacoeconomics
Gastroenterology	Pharmacogenetics
Geriatrics	Pharmacogenomics
Hepatology	Primary Care
Herbal	QA/QI: Quality Assure/ Insure
HIV	Recruitment
Hospice	Research
Investigational Medicine	Rheumatology
Managed Care	Sports Medicine
Medication Safety	Technology
Mental Illness	Toxicology
Neonatology	Training Program
Nephrology	Women's Health
Neurology	

Application continued on reverse

Membership Application *continued*

4 Membership Category

Please check appropriate category

Membership Type	Payment Type				
	monthly ¹	annual	two years	three years	four years
Pharmacist	\$28.00 <input type="checkbox"/>	\$325.00 <input type="checkbox"/>	\$619.00 <input type="checkbox"/>	\$882.00 <input type="checkbox"/>	
Supporting Associate	\$28.00 <input type="checkbox"/>	\$325.00 <input type="checkbox"/>	\$619.00 <input type="checkbox"/>	\$882.00 <input type="checkbox"/>	
New Practitioner 1	\$8.00 <input type="checkbox"/>	\$91.00 <input type="checkbox"/>			
New Practitioner 2	\$15.00 <input type="checkbox"/>	\$172.00 <input type="checkbox"/>			
New Practitioner 3	\$21.00 <input type="checkbox"/>	\$248.00 <input type="checkbox"/>			
New Practitioner 4	\$28.00 <input type="checkbox"/>	\$325.00 <input type="checkbox"/>			
New Practitioner 5	\$28.00 <input type="checkbox"/>	\$325.00 <input type="checkbox"/>			
Retired Pharmacist	\$12.00 <input type="checkbox"/>	\$142.00 <input type="checkbox"/>	\$271.00 <input type="checkbox"/>	\$388.00 <input type="checkbox"/>	
Pharmacy Student	\$3.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>		\$83.00 ² <input type="checkbox"/>	\$105.00 ³ <input type="checkbox"/>

¹This selection will automatically deduct the amount from your debit or credit card on a monthly basis. You must pay a minimum of 12 months and this selection automatically renews you on an annual basis.

²Pacific first year students only

³First year students only

A portion of your CSHP dues is directed to the Pharmacy Professionals of California PAC (PPC-PAC), CSHP's political action committee, to support candidates for public office who share CSHP's philosophies. Members who object to having their dues directed to political action activities may check the box below and the \$15.00 (pharmacists, associates, new practitioners, and retired members) or \$5.00 (students) will be redirected to the CSHP Research and Education Foundation fund, to promote public health and the safe use of medication through research and education. PPC-PAC contributions are completely voluntary and NOT deductible.

I prefer my support money to be deposited in the CSHP Foundation fund.

6 Method of Payment

Please check one

Check Enclosed Visa/MasterCard American Express Discover

ACCOUNT NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

Payment must accompany application. Checks must be drawn on a U.S. bank and made payable to CSHP. Payments to CSHP are not deductible as charitable contributions for Federal income tax purposes but may be deductible under other provisions of the internal revenue Code.

A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that CSHP engages in lobbying activities. The portion of CSHP dues which is allocated to legislative activity and therefore is non-deductible, is estimated to be 13%.

Your membership dues are shared with your regional chapter.



5 Donation Options

Please check which amount and fund you would like to donate to:

\$100 \$150 \$200
 \$250 \$500 Other _____

- Joseph H. Beckerman Memorial Scholarship Fund
- CSHP Research & Education Foundation
- Pharmacy Legislative Impact Fund
- Pharmacy Professionals of California Political Action Committee

CSHP's Pharmacy Professionals of California PAC contributions are completely voluntary and NOT deductible. Contributions may not exceed \$6,500 in one calendar year. Per California law, if you choose to make a PAC contribution, you must complete the following information on the front page of this membership application: Your Name, Resident Address, Occupation, and Employer.

7 Start Your Membership Today!

APPLY at www.cshp.org

CALL IN to (916) 447-1033

MAIL to CSHP, 1314 H Street, Suite 200,
Sacramento, CA 95814

FAX to (916) 447-2396