

**Florida Society of Health-System Pharmacists Student Chapter
at the University of Florida**

Name _____
(Please Print) (First) (Last)

Local Address _____ **Apt.#** _____ **Phone** _____
City _____ State _____ Zipcode _____

Permanent Address _____ **Phone** _____
City _____ State _____ Zipcode _____

Email Address _____

Preferred Mailing Address (Circle One) Local Permanent

Anticipated Date of Graduation _____ (Month/Year) Degree PharmD

Circle Campus site: Gainesville Jacksonville Orlando St. Petersburg

FSHP Student Chapter at UF	\$15.00
FSHP State Chapter	\$10.00
TOTAL:	\$25.00

FSHP Student Chapter and State chapter dues should be paid together in one \$25.00 check.

Make checks payable to: FSHP – STUDENT CHAPTER

Signature _____ **Date** _____

To join ASHP national you can go online to www.ashp.com Click on Join ASHP, Student member. It costs \$35.00 (this is not included in your FSHP membership; it's a separate \$35.00)

****Turn this application into the Membership Coordinator (Dalia Potosme) or any of the officers**