

LSHP's Mission

The mission of the LSHP is to represent its members and provide leadership and support to pharmacists and pharmacy technicians practicing in health-systems and other healthcare settings to achieve positive patient outcomes and improved patient quality of life through the provision of pharmaceutical care.

Take a moment to fill out and mail in this membership form in order to receive the many benefits that LSHP has to offer. We look forward to adding your name to the growing list of new members.

Benefits

LSHP has something for everyone as Louisiana's association of progressive pharmacy practitioners, technicians, faculty, students, and industry representatives. LSHP strives everyday for the advancement of the pharmacy practice and improvement of patient care in Louisiana.

But LSHP cannot do it alone! Pharmacy needs all of its practitioners and all of its supporters to participate in the growth and development of the profession of pharmacy. LSHP needs you—your involvement—your commitment—to advance pharmacy's position in the new healthcare environment.

Benefits:

- Bimonthly newsletter— *LA Health-System Pharmacist*—your information network to Louisiana Pharmacy
- American Council of Pharmacy Education (ACPE) approved continuing education programs
- Discounted registration for LSHP's Annual and Midyear Meetings which offer ACPE credit
- Monthly dinner meetings with continuing education sponsored by local chapters
- Professional recognition through involvement
- Opportunities for professional practice development

JOIN A COMMITTEE!

Get involved in your professional organization!

“Yes, I'm interested in becoming a member of the following committees*.”
(Please select no more than two.)

Education & Workforce Development

Membership & Marketing

Organizational Affairs & Documents

Pharmacy Management

Pharmacy Practice

Programming & Practitioner Education

Public Policy

Technician Activities

* For more information on committee responsibilities, see the LSHP website, www.lshp.org.

To submit your membership application
or for more information, contact:

LSHP

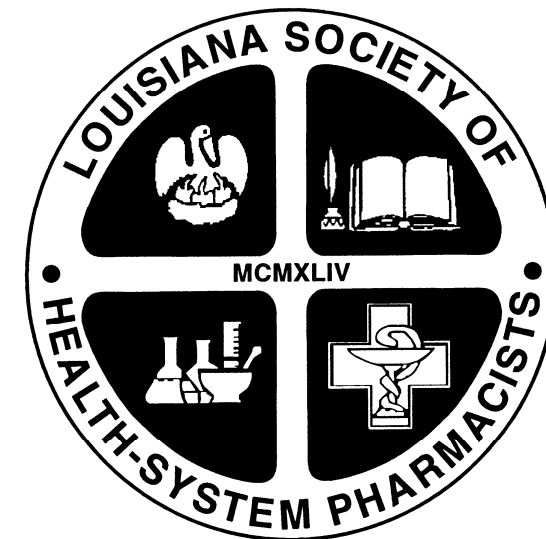
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Baton Rouge, LA 70809

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office@lshp.org www.lshp.org

Louisiana Society of Health-System Pharmacists



Out-of-State/National Membership Information & Application

Membership Types

- **Active** - Licensed pharmacists practicing in Louisiana who have paid dues and support the purposes of LSHP. *Only active members may vote.*
- **Associate**– Persons who have paid dues and who, by virtue of vocation, training, education and interest, wish to further the purposes of LSHP. *Associate members may not vote.* Associate members may consist of the following categories:
 - **Technician**– individuals who are employed as pharmacy technicians in an organized health-care setting.
 - **Student**– individuals enrolled full time in a pharmacy degree program in an accredited college of pharmacy.
 - **Supporting**– individuals other than those who qualify as active members who, by working in health services, teaching prospective health-system pharmacists, or otherwise contributing to pharmaceutical care in organized health-care settings, make themselves eligible for membership.
 - **National**– Health-system pharmacists who are engaged in practice outside of Louisiana; or individuals other than pharmacists who are interested in health-system pharmacy outside of the state of LA.
- **Retired**– licensed pharmacists who have retired from active practice. *Retired members may not vote.*
- **Recent Pharmacy Graduate**– May graduates of Louisiana pharmacy schools receive free membership for the remainder of the year in which they graduate. Full membership dues will apply with renewal of membership in December.

New Members joining after July 1– Individuals who join after June will pay half the designated yearly fee. This is for new members only. Full membership dues will apply with renewal of membership in December.

Chapters

LSHP Members who reside in Louisiana will receive automatic membership in one of six regional chapters: North, Northeast, Central, Southwest, South Central, or Southeast.

Membership Application

FOR OFFICE USE ONLY
Date Processed: _____ Member#: _____ Check #: _____

To join LSHP, fill out this membership application and return with your remittance to the address at left, or fill in your credit card information below. Dues are on a calendar year.

Name with credentials _____ **Referred by** _____
(_____)

Home Phone _____ **Home Address** _____

City _____ **State** _____ **Zip** _____

Institution/Affiliation _____ **Title/Position** _____
(_____)

Work Phone _____ **Work Address** _____

City _____ **State** _____ **Zip** _____
(_____)

Fax No. _____ **LBP License#** _____

University Attended _____ **Degree** _____ **Date Graduated/Anticipated Graduation Date** _____

Date of Birth _____ **Work Setting** _____ **Email Address** _____

Payment: ___ Check enclosed ___ Visa ___ MasterCard ___ American Express

Credit Card No.: _____ **Exp. Date:** ____/____

Name on Card: _____ **Signature:** _____

LSHP National Membership

National \$50.00