

## 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
- Live continuing education opportunities 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](http://www.lshp.org).

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

LSHP

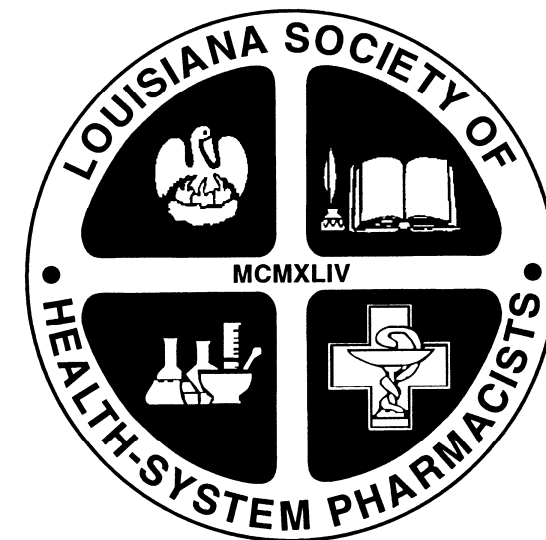
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# Louisiana Society of Health-System Pharmacists



## Northeast 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.

<b>Name with credentials</b> ( _____ )		<b>Referred by</b>
<b>Home Phone</b>	<b>Home Address</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Institution/Affiliation</b> ( _____ )		<b>Title/Position</b>
<b>Work Phone</b>		<b>Work Address</b>
<b>City</b> ( _____ )	<b>State</b>	<b>Zip</b>
<b>Fax No.</b>	<b>LBP License#</b>	
<b>University Attended</b>	<b>Degree</b>	<b>Date Graduated/Anticipated Graduation Date</b>
<b>Date of Birth</b>	<b>Work Setting</b>	<b>Email Address</b>
Payment: ___ Check enclosed    ___ Visa    ___ MasterCard    ___ American Express		
<b>Credit Card No.:</b> _____		<b>Exp. Date:</b> ____ / ____
<b>Name on Card:</b> _____		<b>Signature:</b> _____

<b>LSHP/NELSHP Membership Categories</b> (please see explanation at left & check one)			
<input type="checkbox"/> <b>Active</b>	<b>\$70.00</b>	<input type="checkbox"/> <b>Technician</b>	<b>\$25.00</b>
<input type="checkbox"/> <b>Student</b>	<b>\$5.00</b>	<input type="checkbox"/> <b>Supporting</b>	<b>\$60.00</b>
<input type="checkbox"/> <b>Retired</b>	<b>\$15.00</b>	<input type="checkbox"/> <b>Recent Graduate</b>	<b>\$0.00</b>
<input type="radio"/> New members joining after July 1 check here for half-price dues for your first year. <i>Please also designate your members type above.</i>			