



Membership Form

Are you a ... Pre-Pharm Pharm.D. Pharm/Tox

Are you a ... New Member Returning Member Former Member

Student Name: _____
First Middle Initial Last

Email Address: _____

Anticipated Graduation Date: _____ / _____
Month Year

Gender: Male Female Date of Birth: _____ / _____ / _____

Mailing Address at School:

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____

Permanent Address: (Leave blank if same as above)

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____ / _____ / _____

Please make checks payable to **WSPS**. Deposit form and check in **Mailbox #17**, located with the faculty mailboxes (NOT BY STUDENT MAILBOXES) on the north end of Rennebohm Hall.

Upon membership with WSPS, you will be affiliated with:

APhA (American Pharmacists Association) -----	\$40
ASHP (American Society of Health-System Pharmacists) -----	\$38
PSW (Pharmacy Society of Wisconsin) -----	\$10
<u>WSPS (Wisconsin Society of Pharmacy Students) -----</u>	<u>\$17</u>
TOTAL:	\$105

WSPS Member T-Shirt (Optional) ----- \$5

Recommended for meetings and activities

SIZE: S M L XL Optional TOTAL: \$110