

What do you get?

Benefits of Membership

Affiliation with a Premium Brand

FSHP is one of the largest affiliates of the American Society of Health-System Pharmacists (ASHP).

Advocacy

When over 3,000 FSHP members speak as "one voice" advocating on an issue in Florida, people listen.

High-Quality Education

Board approved provider of pharmacy continuing education, including regional live events & online learning.

Leadership and Involvement

Professional growth doesn't stop with C.E. Taking on leadership roles within your profession are key to your professional growth.

For everyone, from students and technicians to Directors, FSHP offers many opportunities for you to get involved locally, state-wide, and even nation-wide!



Phone

850-906-9333



Email

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Mailing Address

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D4 Suite 376
Tallahassee, FL 32309

More info at [FSHP.org](https://www.fshp.org)



The **Florida Society of Health-System Pharmacists (FSHP)** is the professional association of pharmacy practitioners that promotes and supports the continual improvement of pharmaceutical care and the profession of pharmacy as an essential component for the delivery of health care.

More info at [FSHP.org](https://www.fshp.org)

Membership Types

Pharmacist – Registered pharmacists, in good professional standing.

Joint – Active membership for married couples who are both registered pharmacists.

New Graduate – For newly graduated pharmacists. 6-month membership, expires in January.

Resident/New Practitioner – For registered pharmacists in a pharmacy residency or fellowship program (Resident) or otherwise newly licensed.

Graduate Student – For registered pharmacists enrolled in a full-time professional or graduate degree program.

Pharmacy Student – Any **unlicensed** graduate or undergraduate enrolled in an accredited school of pharmacy in the US. Not eligible to receive CE.

Retired (Pharmacist/Technician) – Pharmacist or Technician members who have been active in the society, are age 65 or older, and have retired from full-time or part-time employment as a pharmacist or pharmacy technician.

Technician – Pharmacy Technicians (registered or certified) practicing in the State of Florida.

Technician Student – Individuals enrolled in a Florida Board of Pharmacy approved pharmacy technician training program are eligible for a one-year renewable membership, for up to two years.

Associate – For members who work in the health services, pharmacy instructors or otherwise are contributing to health-system pharmacy. Not eligible to vote or hold elected office.

Notice: Dues paid to Florida Society of Health-System Pharmacists, Inc. (FSHP), classified as a 501(c)(6) not-for-profit-organization, are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code (such as ordinary and necessary business expenses) subject to restrictions imposed as a result of lobbying activities. In those situations where dues may be deductible, FSHP estimates that the nondeductible portion of your dues is 20%. If you have further questions, we recommend that you consult with your tax advisor.

Membership Application

Membership Type

- Pharmacist – 1 Year: **\$199**
- Pharmacist – 2 Year: **\$375**
- Joint (Spouse/Spouse): **\$325**
- Retired Pharmacist: **\$99**
- Graduate Student: **\$69**
- Resident PGY1: **\$69**
- Resident PGY2: **\$69**
- New Practitioner: **\$69**
- New Graduate (6 mo): **Complimentary**
- Technician: **\$49**
- Retired Technician: **\$24**
- Pharmacy Student (unlicensed): **\$10**
- Technician Student: **\$10**
- Associate: **\$199**

Regional Society (select one)

- Capital (Tallahassee)
- Central Florida (Orlando)
- North Central (Gainesville/Lake City)
- Northeast (Jacksonville/St. Augustine)
- Palm Beach (West Palm Beach/Jupiter)
- Suncoast (Sarasota/Bradenton)
- South Florida (Miami)
- Southeast (Fort Lauderdale/Broward)
- Southern Gulf (Forth Myers/Cape Coral)
- Southwest (Tampa/St. Petersburg)
- Treasure Coast (Vero Beach/Port St. Lucie)

Payment Method (select one)

- Check/Money Order
- Visa Mastercard American Express Discover

TOTAL PAYMENT: \$ _____

Card/Check #: _____

Expiration Date: _____

CVV/Security Code: _____

Signature: _____

Please write legibly. **Bold fields are required**

Select One:

- New Member Renewal Info Update

***Full Name:** _____

***Email Address:** _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____

Employer/School: _____

*Required for C.E. credits

RPh FL License #: **PS** _____

Consultant License #: **PU** _____

Registered Pharmacy Tech #: **RPT** _____

NABP ID: _____

Date of birth (MM/DD/YY): _____

Pharmacy Students & Technician Students

School/Institution Attending: _____

Degree: _____ Year of Completion _____

Director/Instructor Name: _____

Contact Number: _____

Other Information

Are you a member of ASHP? Yes No

Referred by: _____

Membership begins the day payment is processed.