



SOUTH DAKOTA  
SOCIETY OF HEALTH-SYSTEM  
PHARMACISTS

SDSHP Mission Statement

The mission of the South Dakota Society of Health-System Pharmacists is to provide leadership and education to support its members in helping people make the best use of medications.

SDSHP Vision Statement

South Dakota Society of Health-System Pharmacists aspires to be a highly effective professional organization devoted to ensuring its members are valued members of the healthcare team.

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The South Dakota Society of Health-System Pharmacists was founded in 1976 to enhance the practice of institutional pharmacy in South Dakota. In 1981, the Society became an ASHP chapter affiliate. Throughout the years, SDSHP has emphasized quality continuing education with a focus on the practice of pharmacy in health-system settings.

SDSHP membership  
offers you the following:

- Educational programs designed especially for health-system pharmacists
- An opportunity to affect legislation in South Dakota
- A way to bring your concerns and ideas relating to pharmacy practice to the state and national levels
- A chance to share your expertise through participation in poster presentations
- Discounted registration at SDSHP annual meetings
- Fun and a chance to network with some really great people!

There are two ways to become a member of SDSHP:

1. Go to [www.sdshp.com](http://www.sdshp.com), complete the online form and make payment (preferred method), or
2. Complete this Membership Application and send with payment to the address on the application.

2019 SDSHP  
Membership Application  
Complete the following and  
return it to the address below:

SDSHP  
PO Box 8053  
Brookings, SD 57006  
PHONE: 605-592-9130  
EMAIL: [sdshp.sd@gmail.com](mailto:sdshp.sd@gmail.com)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Practice Site: \_\_\_\_\_

2019 Membership Rates

\_\_\_\_\_ \$75 Regular Membership

\_\_\_\_\_ \$20 Associate/Technician Membership

\_\_\_\_\_ \$5 Student Membership

Make check payable to SDSHP

I am interested in serving on the following committees:

\_\_\_\_\_ Continuing Education

\_\_\_\_\_ Annual Meeting

\_\_\_\_\_ Nominations

\_\_\_\_\_ Promotions

Circle your Type of Practice: Staff Pharmacist; Admin Director; Admin Assistant Director; Admin. Supervisor; Clinical Specialist; Long-Term Care; Home Care; Education; Managed Care; PGY1 Resident; PGY2 Resident; or Other: \_\_\_\_\_