



SDSHP
PO Box 8053
Brookings, SD 57006
605-592-9130

SDSHP RENEWAL INVOICE

(Current membership expires 12/31/18)

Please complete the following information. This data is important to ensure our records are current. Correct e-mail address is necessary for you to receive information from the SDSHP office -- please double check to make sure it is correct.

Name: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Employer: _____

___ REGULAR MEMBERSHIP (\$75.00)

___ ASSOCIATE MEMBERSHIP (\$20.00)

Check Primary Responsibility [mark only one]:

___ Staff Pharmacist

___ Clinical Specialist

___ Administrative Director

___ Administrative Assistant Director

___ Administrative Supervisor

___ Education

___ Home Care

___ Managed Care

___ Long-Term Care

___ Other _____

Membership Drive - 1/2 Price Membership Program

Please include the following information for the new member. Payment by check MUST ACCOMPANY this invoice in order to receive the 1/2 Price Membership option for 2019 and be eligible to win FREE REGISTRATION for the 2019 SDSHP Conference. Please copy form for each new member recruited.

___ RPh/PharmD Dues - Enclosed is my check for \$75 in payment of my 2019 membership dues (\$37.50) and (\$37.50) for the 2019 membership dues of a new RPh/PharmD member.

___ Associate 2019 Dues - Enclosed is my check for \$20 in payment of my 2019 membership dues (\$10) and (\$10) for the 2019 membership dues of a new Associate member.

___ RPh/PharmD 2019 Dues/Associate 2019 Dues - Enclosed is my check for \$47.50 in payment of my 2019 (RPh/PharmD) membership dues (\$37.50) and (\$10) for the 2019 membership dues of a new Associate member.

___ Associate 2019 Dues/RPh/PharmD 2019 Dues - Enclosed is my check for \$47.50 in payment of my 2019 (Associate) membership dues (\$10) and (\$37.50) for the 2019 membership dues of a new RPh/PharmD member.

Name: _____ Address: _____

City/State/Zip: _____ Phone Number: _____

E-Mail: _____

Employer: _____ Primary Responsibility: _____

\$ _____ Total Enclosed

Recruiting SDSHP Member's Name: _____