

## Mission of SCSHP

The mission of SCSHP is to support and promote safe and effective pharmacy care for every person in the state of South Carolina.

Goals for the organization:

1. Promote the appropriate and safe use of medicine.
2. Expand member services and involvement.
3. Be pro-active regarding professional and legislative issues.
4. Continue to expand education and training programs.
5. Promote and expand the role of pharmacy technician.
6. Promote public relations/consumer awareness of pharmacists and technicians in organized healthcare settings.

Become involved in SCSHP and be involved in advancing the practice of pharmacy!

**SCSHP**  
**2304 Killearn Center Blvd., Ste B**  
**Tallahassee, FL 32309**  
**877-256-7021 ph**  
**850-906-9345 fax**  
**[www.scsHP.com](http://www.scsHP.com)**

# SCSHP

South Carolina  
Society of  
Health-System  
Pharmacists



## Membership Application

[www.scsHP.com](http://www.scsHP.com)

SCSHP Membership provides you with the following benefits

- **Continuing Education Programs** in different regions throughout the year and a spring Annual Meeting that is nationally recognized.
- **Newsletter:** Brings you news from around the state. Timely information is provided on issues of concern to health system pharmacists and technicians.
- **Legal and Regulatory:** Influence legislative issues that affect your practice of pharmacy.
- **New Technology:** Learn about the latest trends in drug and genetic therapies.
- **Networking:** Make contacts with pharmacy leaders in our state and nation.
- **Workplace:** Learn about new technologies and strategies useful for dealing with staff shortages and management problems.
- **Public Relations:** News and ideas that elevate the profession of pharmacy in the patient's mind.
- **Awards:** Special recognition is given to Pharmacists and Technicians who represent the profession of Pharmacy. Scholarships are given annually to students at the SC College of Pharmacy

# SCSHP Membership Application

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Title/Position \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

SC License No. \_\_\_\_\_ Email \_\_\_\_\_

**Membership categories/dues:**

___ Pharmacist	\$75
___ Manufacturer's Representative	\$75
___ Pharmacy Technician	\$25
Certified ___yes ___no	
___ Pharmacy Student	\$25
___ New Grad(within last 12 months)	\$35
___ Other (specify) _____	\$75

**Networks:**

- \_\_\_ Administrative Network
- \_\_\_ Oncology Network
- \_\_\_ Technician Network

**RENEWAL**\_\_\_      **NEW MEMBER**\_\_\_      **RECRUITER**\_\_\_\_\_

**Committee Interest:**

- \_\_\_ Continuing Education
- \_\_\_ Newsletter
- \_\_\_ Public Relations
- \_\_\_ Membership
- \_\_\_ Legal/Regulatory
- \_\_\_ Nominations/Elections
- \_\_\_ Awards
- \_\_\_ Finance
- \_\_\_ Professional Affairs

\_\_\_ ASHP Member  
(check if yes)

**Mail or Fax dues to:**

SCSHP  
2304 Killearn Center Blvd., Ste B  
Tallahassee, FL 32309  
**FAX:** 850-906-9345

**Method of Payment:**

Check # \_\_\_\_\_ (payable to SCSHP)  
 Visa \_\_\_ MasterCard \_\_\_ AMEX\_\_\_  
 Card# \_\_\_\_\_  
 Expiration date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

If you have questions about your membership or need additional membership applications, please call **877-256-7021** or visit us online, [www.scsHP.com](http://www.scsHP.com)