

New York
State
Council of
Health-
system
Pharmacists

STUDENT Membership Application

Enrolling on line
Is Fast and Easy !

Go to:
www.nyschp.org

If you need further assistance, please call NYSCHP at 518-456-8819.
NYSCHP, 2 Pine West Plaza, Washington Avenue Extension, Albany, NY 12205

First Name: _____ Last Name: _____ Gender: _____ DOB: _____
Address: _____

City/State/Zip: _____ Phone Number: _____
Email Address: _____

School Name: _____

City/State/Zip: _____

Month and Year of Graduation (REQUIRED): _____

· **Student Member** - for students enrolled in a full-time Undergraduate or Graduate pharmacy program in an accredited **College of Pharmacy - \$10 Discount rate available for 1st Professional Year Students \$30/4 years**

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Enroll on line !!!
Student Dues only
\$10/yr or \$30/4 yrs

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