

ICHP Membership Application

MEMBERSHIP CATEGORIES

PHARMACIST FULL MEMBERSHIP

Practicing pharmacist annual dues **\$150**.

JOINT PHARMACISTS (Spouse - Spouse)

One spouse pays the Pharmacist full member annual dues of **\$120** and the other spouse pays **\$120** for full membership.

RECENT GRADUATES

1st Year Graduates: Annual dues **\$75** for recent graduates who join within 12 months of graduation. (Dues increase progressively each year).

PHARMACY RESIDENT

Pharmacy resident annual dues **\$40** for a pharmacist currently enrolled in a full-time pharmacy residency program.

STUDENT*

Annual dues **\$20** for students enrolled full-time in a pharmacy degree program (graduate or undergraduate) in an accredited college of pharmacy. \$5.00 is rebated back to the student campus chapter.

SUPPORTING*

Annual dues **\$150** for non-pharmacist allied health professionals, pharmaceutical industry representatives and non-pharmacist college faculty.

TECHNICIAN*

Annual dues **\$35** for individuals involved in pharmacy support roles.

RETIRED

Retired pharmacists and technicians are an integral part of ICHP. They bring vast expertise and experience to the profession and our membership. Retired members are entitled to all membership rights and services.

Pharmacist Retirees: Annual dues **\$75** for those who have reached the age of 65 and who have previously been Pharmacist members of ICHP.

Technician Retirees: Annual dues **\$17** for those who have reached the age of 65 and who have previously been Technician members of ICHP.

* Associate Membership Categories. Associate members receive all the benefits of active members except voting privileges or the ability to hold office, except as described in the Bylaws.

VOLUNTEER INTEREST (for example: marketing, leadership, advocacy, education):



For ideas on all the ways you can volunteer, scan the QR code or visit: www.ichpnet.org/volunteer

LOCAL AFFILIATE MEMBERSHIP

Membership in ICHP automatically entitles you to membership in your local affiliate. ICHP has local affiliates throughout the state. To serve the needs of its membership and to foster communication, the local affiliates serve as regional conduits to the Council. Each affiliate has elected officers and offers continuing education programs convenient to the local membership. Select the society where you live or work from the map and indicate your choice below.



LOCAL AFFILIATES. PLEASE CHOOSE ONE:

- | | |
|--|--|
| <input type="checkbox"/> Rock Valley Society (1) | <input type="checkbox"/> Sangamiss Society (5) |
| <input type="checkbox"/> Northern Illinois Society (2) | <input type="checkbox"/> Metro East Society (6) |
| <input type="checkbox"/> West Central Society (3) | <input type="checkbox"/> Southern Illinois Society (7) |
| <input type="checkbox"/> Sugar Creek Society (4) | |

PLEASE CHECK THE CATEGORY FOR WHICH YOU ARE APPLYING:

- | | |
|---|---|
| <input type="checkbox"/> Pharmacist \$150 | <input type="checkbox"/> Supporting \$150 |
| <input type="checkbox"/> Joint \$120 + \$120 | <input type="checkbox"/> Student \$20 |
| <input type="checkbox"/> Recent Graduate - 1st Year \$75 | <input type="checkbox"/> Technician \$35 |
| <input type="checkbox"/> Pharmacy Resident \$40 | <input type="checkbox"/> Retired Pharmacist \$75 |
| | <input type="checkbox"/> Retired Technician \$17 |

KEEPOSTED™

ICHP's news journal *KeePosted™* is now available in print and digital. Your membership includes a print issue delivered to you quarterly, as well as digital access to all issues (4 per year). Issues will be mailed to you unless you decide to opt out of delivery.

- I want to opt out of receiving print issues of *KeePosted™*, I understand I have access to the digital issues online.

METHOD OF PAYMENT

Total due:

\$ _____

- Enclosed is a check or money order.
Checks must be drawn on a U.S. Bank and made payable to ICHP.
- Charge to my credit card.
Credit card payment may be faxed to (815) 227-9294.
- Auto-renew my membership after 1 year

Credit Card Account # _____

Billing Zip Code _____

Expiration Date (month/year) _____

CVV2 Security Code Number _____

Cardholder Name _____

Cardholder Signature _____

Apply online! Visit ichpnet.org - click "Join/Renew"

Recruiter's Name _____

Recruiter's ID# _____

Name and Credentials _____

Job Title _____

Male Female

Date of Birth _____

Home Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Home E-mail Address _____

Business or School Name _____

Business or School Address _____

City _____

State _____

Zip _____

Work Phone _____

Fax _____

Work E-Mail Address _____

Preferred Mailing Address: Home Business

Do you wish to be excluded from mailing lists advertised for sale? Yes No

CPE MONITOR

If you plan on obtaining CPE credit through any ICHP programming, you **must** provide your NABP e-Profile ID# and Birthday (as MM/DD). **Your NABP e-Profile ID# is required to receive CPE credit.**

Visit mycpemonitor.net for more information about CPE Monitor and how to obtain your NABP e-Profile ID.

NABP e-Profile ID# _____

Birthday (MM/DD) _____

PHARMACIST, RECENT GRADUATE, PHARMACY RESIDENT AND STUDENT APPLICANTS

Graduation Date _____

Degree _____

College of Pharmacy _____

Residency Program Site _____

RETURN YOUR APPLICATION WITH PAYMENT TO:



Illinois Council of Health-System Pharmacists
4055 N. Perryville Road
Loves Park, IL 61111-8653
Phone (815) 227-9292 | Fax (815) 227-9294 | ichpnet.org

Payments to ICHP are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue code. A portion of ICHP dues is not deductible as an ordinary and necessary business expense to the extent that ICHP engages in certain lobbying activities. For U.S. tax returns, the nondeductible portion of ICHP dues for 2024 is 50 percent. ICHP Federal Tax ID# 36-2887899

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