

# ICHP MEMBERSHIP APPLICATION

## MEMBERSHIP CATEGORIES

### PHARMACIST FULL MEMBERSHIP

Practicing pharmacist annual dues \$125.

### JOINT PHARMACISTS (Husband & Wife)

One spouse pays the Pharmacist full member annual dues of \$125 and the other spouse pays \$60 for full membership. Only one *KeePosted* and monthly affiliate mailing is sent out per joint membership.

### RECENT GRADUATES

**1st Year Graduates:** Annual dues \$65 for recent graduates who join within 12 months of graduation. (Dues increase progressively each year).

**2nd Year Graduates:** Annual dues \$125 for recent graduates who join between the 13th and 24th month following graduation.

### PHARMACY RESIDENT

Pharmacy resident annual dues \$30 for a pharmacist currently enrolled in a full-time pharmacy residency program.

### TECHNICIAN\*

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

### 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 ASSOCIATE\*

Annual dues \$125 for non-pharmacist allied health professionals, pharmaceutical industry representatives and non-pharmacist college faculty.

### 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 \$50 for those who have reached the age of 65 and who have previously been Pharmacist members of ICHP.

**Technician Retirees:** Annual dues \$25 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.

## LOCAL AFFILIATE MEMBERSHIP

Membership in ICHP automatically entitles you to membership in your local affiliate. The 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 \$125                 | <input type="checkbox"/> Supporting Associate \$125 |
| <input type="checkbox"/> Joint \$125 + \$60               | <input type="checkbox"/> Student \$20               |
| <input type="checkbox"/> Recent Graduate - 1st Year \$65  | <input type="checkbox"/> Technician \$35            |
| <input type="checkbox"/> Recent Graduate - 2nd Year \$125 | <input type="checkbox"/> Retired Pharmacist \$50    |
| <input type="checkbox"/> Pharmacy Resident \$30           | <input type="checkbox"/> Retired Technician \$25    |

## KEEPOSTED™

ICHP has gone digital with the *KeePosted* newsjournal. Your membership includes free online access to all issues (10 per year). You may purchase a print subscription for \$30 a year.

- YES, I want a print subscription of the *KeePosted* mailed to me. I understand that these issues will be printed by the ICHP office.

## 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.*

Credit Card Account # \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Expiration Date (month/year) \_\_\_\_\_ CVV2 Security Code Number \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Apply online! Visit [www.ichpnet.org](http://www.ichpnet.org) & click "Join ICHP"

Recruiter's Name \_\_\_\_\_ Recruiter's ID# \_\_\_\_\_

Name and Credentials \_\_\_\_\_

Job Title \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

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

Home 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, we strongly encourage you to provide your NABP e-Profile ID# and Birthday (as MM/DD). Your NABP e-Profile ID is not required at this time to receive CPE credit, but once full national implementation occurs, it will be required.

Visit [www.mycpemonitor.net](http://www.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 [www.ichpnet.org](http://www.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 2012 is 77 percent. ICHP Federal Tax ID# 36-2887899

**Image Media Release:** By joining ICHP, you are giving ICHP permission to use photographs or video of yourself taken at events. ICHP intends to use such photographs and videos only in connection with official ICHP publications, media promotions, web sites, or social media sites including but not limited to Facebook, Twitter, and YouTube, and that these images may be used without further notifying you.