

# ICHP MEMBERSHIP APPLICATION

## Join Online [www.ichpnet.org](http://www.ichpnet.org)

### MEMBERSHIP CATEGORIES

#### PHARMACIST FULL MEMBERSHIP

Practicing pharmacist annual dues \$95.

#### JOINT (Husband - Wife)

One spouse pays the Pharmacist full member annual dues of \$95 and the other spouse pays \$50 for full membership. Only one KeePosted and monthly affiliate mailing is sent out per joint membership.

#### RECENT GRADUATES

1st Year Graduates: Annual dues \$32 for recent graduates who join within 12 months of graduation. (Dues increase progressively each year).  
2nd Year Graduates: Annual dues \$64 for recent graduates who join between the 13th and 24th month following graduation.

#### PHARMACY RESIDENT

Pharmacy resident annual dues \$15 for a pharmacist currently enrolled in a full-time pharmacy residency program.

#### ASSOCIATE MEMBERSHIP CATEGORIES

Associate members receive all the benefits of active members except voting privileges or the ability to hold office.

#### SUPPORTING

Annual dues \$95 for non-pharmacist allied health professionals, pharmaceutical industry representatives and non-pharmacist college faculty.

#### STUDENT

Annual dues \$10 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.

#### TECHNICIAN

Annual dues \$30 for individuals involved in pharmacy support roles.

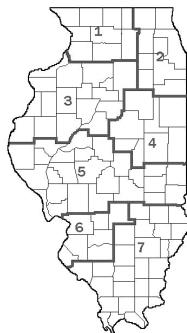
#### RETIRED MEMBERSHIPS

Retired pharmacists and technicians are an integral part of ICHP. They bring vast expertise and experience to the profession and our membership. Annual dues \$30 for pharmacist retirees and \$15 for technician retirees who have reached the age of 65 and who have previously been Pharmacist or Technician members of ICHP. Retired members are entitled to all membership rights and services.

**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 (7)  |
| <input type="checkbox"/> Sugar Creek Society (4)       |   |



#### Please check the category for which you are applying:

- |  |  |
|--|--|
| <input type="checkbox"/> Pharmacist \$95                 | <input type="checkbox"/> Supporting \$95         |
| <input type="checkbox"/> Joint \$95 + \$50               | <input type="checkbox"/> Student \$10            |
| <input type="checkbox"/> Recent Graduate - 1st Year \$32 | <input type="checkbox"/> Technician \$30         |
| <input type="checkbox"/> Recent Graduate - 2nd Year \$64 | <input type="checkbox"/> Retired Pharmacist \$30 |
| <input type="checkbox"/> Pharmacy Resident \$15          | <input type="checkbox"/> Retired Technician \$15 |

#### PAYMENT MUST ACCOMPANY APPLICATION

Checks must be drawn on a U.S. Bank and made payable to ICHP.

- My check for \$\_\_\_\_\_ is enclosed.
- Charge to my:  VISA  MasterCard  American Express  Discover

Account # \_\_\_\_\_ Expiration Date (month/year) \_\_\_\_\_

CVV2 SECURITY CODE NUMBER: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Signature \_\_\_\_\_

Credit card payment may be faxed to (815) 227-9294.

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

Name/Credentials \_\_\_\_\_

Position or Job Title \_\_\_\_\_

Male  Female

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

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

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

Home E-mail Address \_\_\_\_\_

Business Address (please include name of institution) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Fax Phone \_\_\_\_\_

Work E-mail Address \_\_\_\_\_

Preferred Mailing Address:  Home  Business

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

Pharmacist, Recent Graduate, Pharmacy Resident and Student Applicants

**MUST** complete the following information:

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  
**JOIN ON-LINE AT: [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 2009 is 72 percent.  
ICHP Federal Tax ID# 36-2887899