



Elevating Careers Advancing Healthcare

The Pharmacy Technician SocietySM (TPTS) is a membership home for pharmacy technicians who practice in hospital systems, community pharmacies, clinics, and all other settings. Take your career to the next level with world-class educational offerings, networking opportunities, and professional advocacy.

THREE WAYS TO JOIN

- Online: pharmtechsociety.org/join-tpts
- Phone: 866-279-0681
- Mail: ASHP Payment Center
PO Box 38061
Baltimore, MD 21297-8069

TPTS Membership Categories

Please choose one:
\$57 or less than \$5 a month

- Technician Member**
Pharmacy Technicians who reside in the United States
- International Technician Member**
Pharmacy Technicians who reside outside of the United States
- Associate Member**
Non-technicians who support the missing of TPTS

What race or ethnicity best describes you?

- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White
- Two or More Races
- Prefer Not to Answer

What is your gender?

- Female
- Male
- Nonbinary
- Gender non-conforming
- Prefer Not to Answer

NEW MEMBER PROFILE

Last Name _____ First Name _____ M.I. _____

Title/Position _____

Address _____

City/State/Zip/Province/Country _____

Country _____ Mobile Phone _____

By providing your mobile phone number, you are agreeing to be contacted by or on behalf of TPTS, including text (SMS) messages to your mobile phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice and prerecorded messages, for the purpose of receiving updates regarding your TPTS membership and other periodic updates from TPTS.

Preferred Email Address _____

Providing your email address allows you to receive timely updates on TPTS, ASHP, and pharmacy-related news and information.

Method of Payment: (Please choose one) Annual Payment Monthly Payment*

Pay dues on a monthly basis with a credit or debit card. You will be charged monthly for 1/12 of the membership fee. To participate in automatic monthly billing provide your credit or debit card number and agree to the terms below.

*All payments must be drawn on a U.S. bank in **U.S. dollars** only. Make all checks payable to ASHP.

TPTS Member Total \$ _____

TOTAL PAYMENT \$ _____

- Check enclosed for \$ _____ U.S. Purchase Order attached. Please issue an invoice.
- Charge to my: VISA MasterCard Discover American Express

Account # _____ Expiration Date _____

By signing below, I authorize TPTS to charge my credit/debit card as indicated for my full membership dues payment. If monthly billing is selected, my credit card will be charged one twelfth (1/12) the annual dues fee each month by TPTS until final payment is received. Per TPTS membership terms and conditions, this authorization to charge my credit card will continue until I e-mail TPTS, custserv@ashp.org to discontinue my enrollment at which time I understand any remaining balance will be due in full.

Signature (Required) _____

Print Name _____

A portion of the TPTS dues is not deductible as an ordinary and necessary business expense to the extent that TPTS engages in certain lobbying activities. For U.S. tax returns, the non-deductible portion of TPTS dues for 2023 is 19%. Payments to TPTS are not deductible as charitable contributors for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. The Pharmacy Technician SocietySM (TPTS). Prices subject to change.