

AMCP Student Pharmacist Membership Application

Please Print

Name (First/MI/Last)

School-Year Address

School-Year Telephone

Permanent Address

Permanent Telephone

Cell Phone

Primary E-mail Address

Alternate E-mail Address

School/College of Pharmacy

Your Anticipated Date of Graduation

AMCP Student Pharmacist Membership Fee \$35.00

Check enclosed made payable to AMCP for \$35.00 for the national membership.

Charge \$35.00 to my credit card: Visa MasterCard American Express

Card Number

Expiration Date

Name as it appears on card

Cardholder Signature

There are four easy ways to enroll!

If paying via credit card:

1. Enroll online at www.amcp.org click on "Join"
2. Call the AMCP Membership Department at 800/827-2627
3. Fax this form to AMCP at 703/683-8417

If paying via check or credit card:

4. Mail this form with check or credit card information to:
AMCP Membership Department
100 N. Pitt Street
Suite 400
Alexandria, VA 22314