



Application for Membership

Fellow Membership - \$50
Students, Techs, Vets, Others - \$25

Name: _____
First _____ Last _____ (Please Print)

Home: _____
Street 1

Street 2

City _____ St/Province _____ Zip/Post Code _____

Country _____ Phone # _____

License # _____

Applying as Pharmacist Pharm Tech Student Vet Other

Position _____

Institution _____

Address: _____
Street 1

Street 2

City _____ St/Province _____ Zip/Post Code _____

Country _____ Phone # _____

Email Add _____

Signature _____ Date _____

Method of payment PayPal Check Money Order

Transaction ID if PayPal _____

Please send this application to:-
SVHP Treasurer, Dinah Jordan, 605 Shadowood Lane, Starkville, MS 39759. mintjulep@cvm.msstate.edu
Please include your check or Money Order payable to SVHP or include PayPal transaction ID.