**SASP CHAPTER**

**ACTIVATION APPLICATION**

Date: Click or tap here to enter text.

Name of School: Click or tap here to enter text.

Address of School: Click or tap here to enter text.

Membership Verification (min. 10 members)

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| **Name** | **Email Address** | **Year** | **Phone Number** |
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Please complete the following documents and submit it with this application:

SASP Chapter Officer Contact Report

Signed SASP Chapter Bylaws

Any questions may be directed to [SASP@NASPnet.org](mailto:SASP@NASPnet.org).

**SASP CHAPTER**

**OFFICER CONTACT REPORT**

The SASP Chapter Officer Contact Report must be completed and submitted to the

National Association of Specialty Pharmacy each year or when an officer changes.

Please send this form to [SASP@NASPnet.org](mailto:SASP@NASPnet.org).

**Name of Chapter:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**President:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**President-Elect:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Vice-President:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Secretary:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Treasurer:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Student Liaison:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Name and Title of Other Officers (if applicable)**

**Office Position:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Office Position:** Click or tap here to enter text. **Term ends (mm/yy):** Click or tap here to enter text.

Address: Click or tap here to enter text.

Primary Phone: Click or tap here to enter text. Alternate Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.