**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.

**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.

**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.