



**Alabama Pharmacy Association**

1211 Carmichael Way  
Montgomery, AL 36106-3672  
(334) 271-4222 Fax: (334) 271-5423  
www.aparx.org

**Membership Application**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender \_\_\_\_\_

Mail To Go To:  Business or  Home

License # \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

FAX Number: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive email updates from APA?

Yes  No

Pharmacy School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Type of degree:  BS  Pharm. D.  CPhT

Name of spouse: \_\_\_\_\_

**Practice Setting**

- Academia
- Certified Consultant
- Employee Pharmacist Chain
- Employee Pharmacist Independent
- Governmental
- Home Health/Infusion
- Health Plan/Managed Care
- Hospital
- Independent Owner
- Industry
- Long Term Care
- Nuclear
- Pharm Tech Chain
- Pharm Tech Independent
- Relief Pharmacist

**Academies**

- Community(Chain)
- Compounding
- Health Systems
- Independent
- Long Term Care/Consultant
- Nuclear
- Technician
- Student- School

I can be a liaison to the following legislators in my District:

- U.S. Congressman \_\_\_\_\_
- State Representative \_\_\_\_\_
- State Senator \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Membership Categories**

- Active Member \$250.00 (Licensed Pharmacist)
- Associate Member \$150.00  
(Has a business interest in the pharmacy profession, but not a licensed pharmacist)
- Spouse Member Non-Pharmacist \$75.00
- First Year Pharmacist \$50.00  
(First Year of practicing pharmacy)
- Retired Pharmacist \$50.00
- Pharmacy Technician \$25.00
- Pharmacy Student \$20.00

**Optional Association Support**

- \$ \_\_\_\_\_ APA-PAC
- \$ \_\_\_\_\_ APA Scholarship Fund
- \$ \_\_\_\_\_ APA Building Fund
- \$ \_\_\_\_\_ APA Research and Education Foundation

- Check Enclosed: Total Amount \$ \_\_\_\_\_
- Charge \$ \_\_\_\_\_ to my:
  - Visa  MasterCard  Am. Express  Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
3-Digit Security Code \_\_\_\_\_

Name on card if different from above: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

*The Omnibus Budget Reconciliation Act of 1993 requires that we advise our members that 85% of your membership dues paid to the APA will be deductible. This will apply when you file your taxes. **Effective 1/1/12***

**RECRUITED BY:** \_\_\_\_\_