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APA Testimonial Form

The Voice of Pharmacy in Alabama

ALABAMA PHARMACY
ASSOCIATION
EST. 1981

Testimonial Questionnaire

Name: _____ **Phone:** _____

Hometown: _____

Membership Type: _____ **# of Years:** _____

What inspired you to pursue a career in pharmacy?

How did you get involved with APA?

How has being a member of APA helped you professionally?

What experience would be the highlight of your career?

Sign Here _____ **Date** _____

Please sign and mail or fax this form to the APA office. Your signature authorizes APA to use the information provided on this form for promotional purposes. Thank you.