

If you don't support pharmacy... Who will?



Alabama Pharmacy Association
1211 Carmichael Way, Montgomery, AL 36106-3672
(334) 271-4222 Fax: (334) 271-5423

Membership Application

Full Name: _____

Business Name: _____

Home Address: _____

Business Address: _____

City _____ County _____ Zip _____

City _____ County _____ Zip _____

Preferred Name: _____

Date of Birth: _____

Mail To Go To: Business or Home

License # _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

FAX #: _____

Email: _____

Would you like to receive email updates from APA?

Yes No

Pharmacy School: _____

Year Graduated: _____

Type of degree: BS Pharm. D.

Name of spouse: _____

Practice Setting

- | | |
|--|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Independent Owner |
| <input type="checkbox"/> Certified Consultant | <input type="checkbox"/> Industry |
| <input type="checkbox"/> Employee Pharmacist Chain | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Employee Pharmacist Independent | <input type="checkbox"/> Nuclear |
| <input type="checkbox"/> Governmental | <input type="checkbox"/> Pharm Tech Chain |
| <input type="checkbox"/> Home Health/Infusion | <input type="checkbox"/> Pharm Tech Independent |
| <input type="checkbox"/> Health Plan/Managed Care | <input type="checkbox"/> Relief Pharmacist |
| <input type="checkbox"/> Hospital | |

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:

- o U.S. Congressman _____
- o State Representative _____
- o State Senator _____

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 NonPharmacist \$75.00
 First Year Pharmacist \$50.00
(First Year of practicing pharmacy)
 Retired Pharmacist \$50.00
 PharmTech \$40.00
 Pharmacy Student \$20.00

Optional Association Support

- \$ _____ Contribution to the APA-PAC
 \$ _____ Contribution to the Alabama Pharmacy
Research and Education Foundation
 \$ _____ APA Building Fund
 \$ _____ APA Scholarship Fund

Check Enclosed: Total Amount \$ _____

Charge \$ _____ plus \$5.00 processing fee to my:
 Visa MasterCard Am. Express Discover

Card No. _____ Exp. Date _____

Signature _____ Date _____

Name on card if different from above _____

The Omnibus Budget Reconciliation Act of 1993 requires that we advise our members that 80% of your membership dues paid to the APA will be deductible. This will apply when you file your taxes.

RECRUITED BY: _____