



Application for Membership

If you don't support Missouri pharmacy ... who will?

Name _____

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Business Phone _____ Business Fax _____ Business County _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Home County _____ E-mail Address _____

Preferred Mailing Address: Business Home My position would best be described as: Employee Manager Owner

MEMBERSHIP CATEGORIES

- New Registrant Membership (Only for new pharmacy graduates) Graduation Date _____
Pharmacy School Attended: _____
- First year practicing (NR0).....Complimentary/No Charge
- Second year practicing (NR1).....\$55
- Third year practicing (NR2).....\$110
- Active Membership (licensed pharmacists).....\$220
- Husband/Wife Membership.....\$330
- Retired Pharmacist Membership.....\$110
- Out-of-State Membership (for pharmacists who neither live nor work in Missouri).....\$110
- Associate Membership (for persons interested in the Association's activities who are not licensed pharmacists)..... \$220
- Active/Corporate Membership (Pharmacists at corporate member pharmacies. Call for information.).....\$130
- Corporate Membership.....\$1,200

ACADEMIES (must be an MPA member to belong to Academies)

- Employee Academy.....\$10
- Long Term Care Academy.....\$10
- Academy of Pharmaceutical Education.....\$10

PHARMACY POLITICAL ACTION COMMITTEE (PPAC) DONATION \$ _____

COMMITTEES **TOTAL \$** _____

Yes, I would be interested in serving on an MPA committee. [Please check committee(s) below.]

- | | | |
|---|---|--|
| <input type="radio"/> Bylaws Committee | <input type="radio"/> Professional Affairs Committee | <input type="radio"/> Student Committee |
| <input type="radio"/> Impaired Pharmacist Committee | <input type="radio"/> Regulatory/Public Affairs/Legislative Committee | <input type="radio"/> Technician Committee |
| <input type="radio"/> Membership Committee | <input type="radio"/> Resolutions Committee | <input type="radio"/> Third Party/Management Committee |
| <input type="radio"/> Nominations Committee | <input type="radio"/> Senior Care Committee | <input type="radio"/> Elections Committee |

PAYMENT INFORMATION

Check Enclosed for \$ _____

Mastercard Visa Discover Card Amount to be charged \$ _____

Card Number _____ Expiration Date _____

Name on card _____

Card Billing Address _____

Send membership application with payment to:

Missouri Pharmacy Association
211 E. Capitol Ave.
Jefferson City, MO 65101

or fax to: (573) 636-7485