



National Community Pharmacists Association

Independent Pharmacy Organization Enrollment Form (IPO)

Please print clearly

Organization Name

Mailing Address

City

State

Zip

Telephone

Company Website

Describe your company's products/services

Key Contact

Name

Title

Preferred Mailing Address

City

State

Zip

Telephone

Fax Number

Organization Official Submitting Membership Form

E-mail address

Signature

Date

Please indicate the number of Retail Pharmacies in your organization: _____

Dues Payment

Independent Pharmacy Organization Member Annual Dues: \$2,500

Organization member dues are applicable for the period of January 1 to December 31.

Check Enclosed: (made payable to NCPA and mailed to: ATTN: Accounting Department, PO Box 791223, Baltimore, MD 21279-1223)

Credit card Visa MasterCard American Express

Name on card

Card number

Expiration date

Signature

Date

IPO Members are entitled to enroll up to four managers, officers/board members as NCPA members. Please see back of form.

Other IPO Contacts

You may attach business cards if preferred.

Name	Title	Telephone
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Preferred Mailing Address

City	State	Zip
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Fax number	E-mail address
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Name	Title	Telephone
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Preferred Mailing Address

City	State	Zip
------	-------	-----

Fax number	E-mail address
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Name	Title	Telephone
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Preferred Mailing Address

City	State	Zip
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Fax number	E-mail address
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If you are paying by credit card, please fax your payment with the IPO Membership enrollment form to: fax 703-683-3619

Note: Please mail checks to: ATTN: Accounting Department, PO Box 791223, Baltimore, MD 21279-1223

Your commitment to the future of independent community pharmacy is greatly appreciated.

*NCPA annual dues are not deductible as charitable contributions for federal income tax purposes, but may be deductible as ordinary and necessary business expenses except that, under IRC section 162(e), 25% of NCPA annual dues are allocable to lobbying expenses and therefore are not deductible.