MEMBERSHIP APPLICATION

Please complete and submit the form with payment to: NCPA, PO Box 791223, Baltimore, MD 21279-1223; fax it to NCPA at (703) 683-3619; or visit www.ncpanet.org/join-renew. If you have questions, please contact NCPA Membership at (800) 544-7447.

ALL FIELDS REQUIRED

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. Name (First | Middle Initial | Last)

☐ R.Ph. ☐ P.D. ☐ Pharm.D. ☐ Ph.D. ☐ Suffix ____________________________ Nickname | Preferred Name

Pharmacy Name

Mailing Address (Street | City | State | ZIP)

Physical Address (Street | City | State | ZIP)

Work Phone Work Fax Cell

Email

Website NPI# NCPDP#

Pharmacy School Graduation Date (M | D | Y) DOB (M | D | Y)

NCPA MEMBERSHIP CATEGORIES (PLEASE SELECT)

Owner/Manager

☐ $395 / 1 year ☐ $720 / 2 years ☐ $1,045 / 3 years
Number of stores owned ______ or managed ______

Staff Pharmacist (Working pharmacist who does not own or manage a community pharmacy)

☐ $235 / 1 year

Pharmacy Technician ☐ Retired Pharmacist

☐ $100 / 1 year ☐ $135 / 1 year

Student Pharmacist

☐ $50 / 1 year ☐ $85 / 2 years
☐ $120 / 3 years ☐ $155 / 4 years

Student Professional Liability Insurance

☐ $10 /

Final Year Student Pharmacist (includes final year of pharmacy school and 1st year of licensure.)

☐ $105 / 2 years Also includes choice of publication:

☐ Opening a Pharmacy ☐ Buying a Pharmacy

Recent Pharmacy School Graduate

☐ $55 / 2019 ☐ $80 / 2018 ☐ $120 / 2017

In addition to joining NCPA, you may also sign up for the following:

☐ NCPA Long-Term Care Division Membership Amount $195

LTC members get access to resources and expertise to help them start or expand their LTC pharmacy businesses.

☐ NCPA Legislative/Legal Defense Fund Investment Amount $ __________

The LDF helps fund NCPA’s advocacy operation—lobbying, research, legal, communications—and amplifies your voice.

☐ NCPA Foundation Contribution Amount $ __________

The Foundation provides assistance to deserving pharmacy students through educational loan assistance, scholarships, and research grants.

☐ I am interested in registering for the Pharmacy Disaster Support Center. Contact me by ☐ phone ☐ email. Visit www.rxdisaster.com

Payment Information (U.S. Currency Only) Amount Due ________________

☐ Enclosed check payable to NCPA or ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number Name on Card

Exp. Date Today’s Date Signature

NCPA annual dues are not deductible as a charitable contribution for federal income tax purposes. However, in accordance with provisions of the Omnibus Budget Reconciliation Act of 1994, NCPA estimates that 65% of your membership dues are deductible under Section 162 of the Internal Revenue Code as ordinary and necessary trade or business expense. By submitting this application, I hereby agree to the NCPA Logo Use Policy available at www.ncpenet.org/logo. $15 of membership dues is allocated to the America’s Pharmacist magazine subscription.