



# 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](http://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
- Sustaining** (Non-pharmacist)  
 \$395 / 1 year     \$720 / 2 years     \$1,045 / 3 years
- Student Pharmacist**  
 \$50 / 1 year                       \$85 / 2 years  
 \$120 / 3 years                       \$155 / 4 years
- 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
- \$10 / **Student Professional Liability Insurance**
- 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](http://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 charitable contributions for federal income tax purposes. However, in accordance with provisions of the Omnibus Budget Reconciliation Act of 1994, NCPA estimates that 75 percent 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.ncpanet.org/logo](http://www.ncpanet.org/logo). \$15 of membership dues is allocated to an *America's Pharmacist* magazine subscription.