

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)

<p>Retired Pharmacist</p> <p><input type="checkbox"/> \$135 / 1 year</p> <p>Sustaining (Non-pharmacist)</p> <p><input type="checkbox"/> \$435 / 1 year <input type="checkbox"/> \$720 / 2 years</p> <p><input type="checkbox"/> \$1,045 / 3 years</p>	<p>Student Pharmacist</p> <p><input type="checkbox"/> \$50 / 1 year <input type="checkbox"/> \$85 / 2 years</p> <p><input type="checkbox"/> \$120 / 3 years <input type="checkbox"/> \$155 / 4 years</p> <p>Final Year Student Pharmacist (Includes final year of pharmacy school and 1st year of licensure.)</p> <p><input type="checkbox"/> \$105 / 2 years Also includes choice of publication: <input type="checkbox"/> Opening a Pharmacy <input type="checkbox"/> Buying a Pharmacy</p>
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In addition to joining NCPA, you may also sign up for the following:

<p><input type="checkbox"/> NCPA Long-Term Care Division Membership</p> <p>LTC members get access to resources and expertise to help them start or expand their LTC pharmacy businesses.</p>	Amount \$195
<p><input type="checkbox"/> NCPA Legislative/Legal Defense Fund Investment</p> <p>The LDF helps fund NCPA's advocacy operation—lobbying, research, legal, communications—and amplifies your voice.</p>	Amount \$ _____
<p><input type="checkbox"/> NCPA Foundation Contribution</p> <p>The Foundation works to advance independent community pharmacy by providing direct disaster relief, academic and workshop scholarships, and community health awareness programs.</p>	Amount \$ _____

Payment information (U.S. Currency Only)

Enclosed check payable to NCPA or Visa MasterCard American Express Discover **Amount Due** _____

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.ncpa.org/logo. \$15 of membership dues is allocated to the *America's Pharmacist*® magazine subscription.

If you have questions, please contact NCPA Membership at 800.544.7447

Send payment to:

mail: NCPA Membership 100 Daingerfield Rd., Alexandria VA 22314
 email: membership@ncpa.org fax: 703.576.5222