



Membership Application

Please complete and submit the form with payment to:
NCPA, PO Box 791223, Baltimore, MD 21279-1223 or
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

Dr. Mr. Mrs. Ms. Name (First, MI, Last) _____
 Nickname/Preferred Name _____ R.Ph. P.D. Pharm.D. Ph.D. Other _____
 Pharmacy _____
 Mailing Address _____
 City _____ State _____ Zip code _____
 Street Address _____
 City _____ State _____ Zip code _____
 Work phone _____ Work fax _____ Cell: _____
 Home Telephone _____ Email Address _____
 Website _____ NPI# _____ NCPDP# _____
 Pharmacy School: _____ M/D/YR of Grad _____ DOB _____

NCPA Membership Categories (please select)

Active Member (Pharm. Owner/Manager or Non Pharm. Owner)
 \$395 - 1 year \$720 - 2 years \$1045 - 3 years
 Number of stores owned _____ or managed _____

Active Member Spouse (Spouse of Active Member)
 \$130 - 1 year
 Spouse's Member Number: _____

Pharmacist Member (Working Pharmacist that does not own or manage a community pharmacy)
 \$235 - 1 year

Pharmacy Technician **Retired Pharmacist**
 \$100 - 1 year \$135 - 1 year

Pharmacy Student
 \$50 - 1 year \$85 - 2 years
 \$120 - 3 years \$155 - 4 years

Sustaining (Non-pharmacist)
 \$395 - 1 year \$720 - 2 years \$1045 - 3 years

Recent Pharmacy School Graduate
 \$55 - 2017 \$80 - 2016 \$120 - 2015

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

- NCPA Long Term Care Division Membership** Amount \$195.00
- NCPA Legislative/Legal Defense Fund Contribution** Amount \$ _____
- 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 www.rxdisaster.com

Payment information (U.S. Currency Only) **Amount Due:** _____

Enclose check payable to NCPA or Visa MasterCard American Express Discover

Card number _____

Exp. Date _____ Name on card _____

Signature _____ Date _____

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% 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. \$15 of membership dues is allocated to an America's Pharmacist magazine subscription.