



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
- 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 / 2018 \$80 / 2017 \$120 / 2016

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