

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)

Retired Pharmacist

\$135 / 1 year

Sustaining (Non-pharmacist)

\$435 / 1 year

\$720 / 2 years

\$1,045 / 3 years

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

\$235 / 1 year

Student Pharmacist

\$35 / 1 year

\$60 / 2 years

\$80 / 3 years

\$100 / 4 years

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

NCPA Long-Term Care Division Membership

Amount \$235

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 works to advance independent community pharmacy by providing direct disaster relief, academic and workshop scholarships, and community health awareness programs.

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 20% 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/member-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