NCPA Membership

NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

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 30% 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