



Annual Membership Registration Form

Please return this form with your payment to WSPA, 411 Williams Ave. S., Renton WA 98057
fax (425) 277-3897 phone (425) 228-7171 askwspa@wsparx.org www.wsparx.org

Legal First Name	Preferred First Name	MI	Last Name
Preferred Email		Preferred Phone	
Preferred Address		Referred By	
City/State/ZIP	NABP e-Profile Number	Date of Birth	

Practice Academy (choose all that apply—included with membership)

- Ambulatory Care Community Practice Health System Independent Pharmacy Long Term Care Students Technicians

Section A - WSPA Dues

WSPA dues may be deductible as an ordinary and necessary business expense. However, a portion of your WSPA dues (approximately 30%) is allocated for lobbying expense and is not tax deductible. Please consult a tax professional.

WSPA Voting Member (*minimum of 12 installments)

Pharmacist
 \$235 or \$19.99 /month *

New Practitioner (Residents and Fellows are FREE)
 1st Year FREE 2nd Year \$115 or \$9.99/month*

Retired Pharmacist (over 65 years old)
 \$95 or \$7.99/month*

Pharmacy Technician
 \$50 or \$4.99/month*

WSPA Non-Voting Member (minimum one year*)

Associate
 \$235 or \$19.99/month*

Full-Time Student (Pharmacist or Technician)
 \$20

Section B - Local-Chapter Dues (Optional)

South Puget Sound Pharmacy Association

Pharmacist \$35
 Pharmacy Technician or Retired Pharmacist \$15
 Pharmacy Student FREE

Southwest WA Pharmacy Association

Pharmacist \$40
 Pharmacy Technician \$20
 Student \$20

Spokane Pharmacy Association

Pharmacist \$50
 Pharmacy Technician or Retired Pharmacist \$25
 Pharmacy Student \$20

Section C - Voluntary Contributions

F Washington State Pharmacy Foundation One Time y

\$_____ Student Scholarships \$_____ Research and Education \$_____ General Fund

Contributions to the Washington State Pharmacy Foundation (WSPF) are optional and tax deductible as a charitable contribution.

F My Contribution to the Washington Pharmacy PAC is: \$_____ e e y
(please complete the information below if you are giving to WA Pharmacy PAC)

Employer/Organization Name: _____ Occupation: _____
 _____ Employer /Organization City and State: _____

Contributions to WA Pharmacy PAC are NOT deductible for federal tax purposes. Per the U.S. Federal Election Commission, foreign nationals are prohibited from making any contributions or expenditures in connection with any U.S. federal, state, and local election. Green card holders-those lawfully admitted for permanent residence in the U.S.- are not considered foreign nationals. Please consult the FEC's website (<http://www.fec.gov/pages/brochures/foreign.shtml>) for more information.

Voluntary Contributions to WSPA One Time Monthly

Sections A, B and C Total \$_____ I'm including a check made out to WSPA or please charge my credit card

Please automatically renew my dues each year. lease automat cally rene my harmacy each year.

Name on Card: _____ Card Number: _____

Expiration Date: _____ 3-Digit Code on Back _____ Signature for Charges: _____