



Recruited by PPA Member: (optional)  
\_\_\_\_\_

**Associate Company Membership Application - \$350**

PPA is extending a group discount to up to three people from the same company. These three members may be pharmacists, or non-pharmacists – however, please note if the individuals are pharmacists they cannot work at a pharmacy location. This is only for your vendor company “employee”. Please complete the following application to activate your membership and become a part of PPA!

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Main Contact** (The contact may be an administrative assistant or other who is not necessarily one of the three members below.) **Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please complete the following information for the three individuals that you wish to include in this membership.

**Individual #1**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
First M.I. Last

**Email Address:** \_\_\_\_\_ **Licensed pharmacist?** [ ] Yes [ ] No

**Individual #2**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
First M.I. Last

**Email Address:** \_\_\_\_\_ **Licensed pharmacist?** [ ] Yes [ ] No

**Individual #3**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
First M.I. Last

**Email Address:** \_\_\_\_\_ **Licensed pharmacist?** [ ] Yes [ ] No

Dues Amount Remittance:  
Associate Group Membership - \$350.00/year (Three Members)

**Please check method of dues payment:**

Check # \_\_\_\_\_  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing address with zip code for card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail the completed membership application and payment for membership dues to:**

**Pennsylvania Pharmacists Association, 508 North Third Street, Harrisburg, PA 17101-1199**

Applications with credit card payments may be faxed to: 717-236-1618 or scanned and sent to [ppa@ppharmacists.com](mailto:ppa@ppharmacists.com)

Contribution or gifts to the Pennsylvania Pharmacists Association are not deductible as charitable contributions for federal income tax purposes. However, such payments may be deductible as business expenses or other provisions of the Internal Revenue Code. The Internal Revenue Service requires notification of the allocation of lobbying expense included in total membership dues which is not deductible. This amount is 15% of dues. Please consult with your accountant or tax attorney on these matters.