



Connect and Collaborate as part of the Pharmacy Partnership

PPA – for you, for your patients, for pharmacy!

Recruited by PPA Member: (optional)

Associate Membership Application

Please note this category of membership is not open to Pharmacists. It is for non-pharmacists, individuals interested in pharmacy and/or marketing their business products or services to pharmacists and/or pharmacies.

	PPA Membership and Allegheny, Lehigh/Northampton, or Bucks/ Montgomery County Affiliation - \$184
	Only PPA Membership - \$ 159

Please Print

Clearly:

Name: _____ Suffix: _____
First M.I. Last (Sr., Jr., III, etc.)

Nickname: _____ Sex: Female Male Date of Birth: _____

Preferred Salutation (check one): Mr. Mrs. Ms. Miss Dr.

Marital Status _____ Anniversary Date: _____ Maiden Name: _____

Name of Spouse: _____ PA County of Home Residence: _____

Home Address: _____ City: _____ State: _____

ZIP: _____ Home Phone: _____ Cell Phone: _____

Self-employed: Yes No

Pharmacy/Company Name: _____ Your Title: _____

Check here if you are a pharmacy owner or here if otherwise self-employed.
(Owners – please also complete owner addendum)

Work Address: _____ City: _____ State: _____ ZIP: _____

County – Employer/Pharmacy located in: _____ Work Phone: _____

Work Fax: _____ Company Website: _____

Home E-Mail Address: _____ Work E-Mail Address: _____

Preferred Mailing Address: Home Work Preferred E-Mail: Home Work

NABP eProfile ID (CPE Monitor #): _____ Birth Date (MMDD): _____

Are you a licensed pharmacist? Yes No Pennsylvania License Number: _____

PA Immunization License Number: _____

Other States in which you hold pharmacy licenses: (List all using state abbreviations): _____

Pharmacy Graduate: RPh. PharmD Year: _____ College: _____

I currently serve as a Preceptor for the following PA Schools of Pharmacy:

- | | | |
|---|--|---|
| <input type="checkbox"/> Duquesne University | <input type="checkbox"/> PCP/USciences | <input type="checkbox"/> University of Pittsburgh |
| <input type="checkbox"/> Jefferson School of Pharmacy | <input type="checkbox"/> Temple University | <input type="checkbox"/> Wilkes University |
| <input type="checkbox"/> LECOM | | |

Primary Practice Area: Select One ONLY

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Academia | <input type="checkbox"/> HealthSystem/Institutional | <input type="checkbox"/> Managed |
| <input type="checkbox"/> Community – Independent | <input type="checkbox"/> Long Term Care/Consultant | Care/Government/Industry |
| <input type="checkbox"/> Community – Chain | | |

Be sure to complete the other side or all pages.

Please check any of the following Degrees/certificates/certifications/credentials in Healthcare/Pharmacy:

- | | | | | |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> RPh | <input type="checkbox"/> PhD | <input type="checkbox"/> BCOP | <input type="checkbox"/> CACP | <input type="checkbox"/> FACP |
| <input type="checkbox"/> PharmD | <input type="checkbox"/> BCACP | <input type="checkbox"/> BCPS | <input type="checkbox"/> CDE | <input type="checkbox"/> FASCP |
| <input type="checkbox"/> MBA | <input type="checkbox"/> BCCCP | <input type="checkbox"/> BCPP | <input type="checkbox"/> AE-C | <input type="checkbox"/> FCCP |
| <input type="checkbox"/> MPH | <input type="checkbox"/> BCNP | <input type="checkbox"/> BCPPS | <input type="checkbox"/> FAPhA | <input type="checkbox"/> AAHIVP |
| <input type="checkbox"/> MS | <input type="checkbox"/> BCNSP | <input type="checkbox"/> CGP | <input type="checkbox"/> FASHP | <input type="checkbox"/> AAHIVE |

Please check any of the following National pharmacy associations to which you belong: (listed alphabetically)

- AACP- American Association of Colleges of Pharmacy
- ACCP - American College of Clinical Pharmacy
- AMCP - Academy of Managed Care Pharmacy
- APhA - American Pharmacists Association
- ASCP - American Society of Consultant Pharmacists
- ASHP - American Society of HealthSystem Pharmacists
- IACP - International Association of Compounding Pharmacists
- NCPA - National Community Pharmacists Association

***Membership terms are good for 12 months from the date of application. Renewal dues are typically billed approximately 30 days before due date, with several reminders. Members with unpaid dues after a 30 day grace period following the expiration date will be considered inactive. Members are encouraged to pay promptly to avoid any lapse of service or information!**

Practice Focus: *Select as many as applicable*

- | | | |
|---|--|--|
| <input type="checkbox"/> Academia/Research | <input type="checkbox"/> Gov't Agency/Armed Forces/PHS | <input type="checkbox"/> LTC Pharmacy Staff |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Hospital | <input type="checkbox"/> Mail Order Staff |
| <input type="checkbox"/> Chain Employee | <input type="checkbox"/> Hospital Director/Management | <input type="checkbox"/> Managed Care Pharmacist |
| <input type="checkbox"/> Chair Management | <input type="checkbox"/> Hospital Staff | <input type="checkbox"/> Pharm Rep Clinical |
| <input type="checkbox"/> Clinical Ambulatory Care | <input type="checkbox"/> Independent Pharmacy Owner | <input type="checkbox"/> Pharm Rep Sales |
| <input type="checkbox"/> Clinical Hospital | <input type="checkbox"/> Independent Pharmacy Staff | <input type="checkbox"/> Related Service |
| <input type="checkbox"/> Consultant Pharmacist | <input type="checkbox"/> LTC Pharmacist | <input type="checkbox"/> Other: _____ |

Dues Amount Remittance: Pharmacist - \$139.00/year or \$164/year

Optional additional amounts are listed below:

I would like to make an additional donation of \$ _____ to PharmPAC. (Due to federal election law requirements, PharmPAC may only be paid or included on personal checks or credit card payments. No corporate checks or credit cards may include PharmPAC dollars. If you wish to use a company check for dues, please write a separate personal check for any PharmPAC amount and make check payable to PharmPAC.)

I would like to make an additional donation of \$ _____ to the PPA Educational Foundation. Foundation amounts may be included in personal or corporate checks. As a non-profit, contributions may be deductible as charitable contributions, see below.)

Method of payment:

Check # _____ Visa Mastercard Discover

Card Number: _____

Expiration Date: _____

Signature: _____

CVV Code: _____

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@paparmacists.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. **Foundation Contributions:** The Pennsylvania Pharmacists Association Educational Foundation has been granted 501(c)(3) status by the IRS. Contributions may be deductible as charitable expenses for federal income tax purposes. Please consult your accountant or tax attorney. The official registration and financial information for the Foundation may be obtained from the PA Department of State by calling toll free in Pennsylvania 1-800-732-0999. Registration does not imply endorsement.