

# TEXAS PHARMACY ASSOCIATION

## 2020 MEMBERSHIP APPLICATION



Join online @ [www.texaspharmacy.org](http://www.texaspharmacy.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  Female

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

TSBP #: \_\_\_\_\_ NABP CE ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Year: \_\_\_\_\_

### 7 MEMBERSHIP OPTIONS (ALL FIELDS REQUIRED IN ORDER TO SUBMIT APPLICATION)

- Pharmacist: **\$245**
- Resident: **\$50**
- New Pharmacist Member: **\$125**
- Technician: **\$50**
- Retired Pharmacist: **\$75**

**Choose Affiliated Local Association:** *(Optional)*

- Bexar County \$20
- Capital Area \$30
- Central West Texas \$10
- Coastal Bend \$20
- Dallas Area \$30
- Denton County \$50
- El Paso \$50
- Greater East Texas \$20/\$10
- Gulf Coast \$60/\$30
- Houston Area \$30
- Lake Houston \$60
- North Houston \$60/\$30
- Rio Grande Valley \$15
- South Central Texas \$5
- Tarrant County \$30

**Choose Practice Setting:** *To better serve TPA members we would like to add your primary practice setting to your member profile.*

*Practice-specific interest groups may be formed around your practice area to support a network of your peers as a resource for your needs.*

- Academia
- Armed Services
- Community Chain
- Community Government
- Community Independent
- Government
- HMO
- Home Health
- Hospital
- Hospital-Government
- Long term Care
- Mail Service
- Manufacturer or Wholesaler
- Nuclear
- Pharmacy Management
- Retired
- Unemployed
- Sterile Pharmaceuticals
- Other *(Please List)* \_\_\_\_\_

### 2 TOTAL DUE

TPA annual dues + optional dues for local association (if applicable) \$ \_\_\_\_\_

**Additional Opportunity to Support Texas Pharmacy:** *(Optional)*

- Texas Pharmacy Foundation:  \$25  \$50  \$75  \$100
- PharmPAC:  \$25  \$50  \$75  \$100

**Additional Donation:**  
\$ \_\_\_\_\_

### 3 PAYMENT OPTIONS

**CREDIT CARD:**

Please charge my:  Visa  MasterCard  American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_ Payment Type:  Personal  Corporate

**TAX NOTE:** *Dues may be claimed as a business expense, but not as charitable deductions. A portion of your payments deductible as an ordinary and necessary business expense to the extent that TPA engages in lobbying (separate from PharmPAC). The non-deductible portion of your dues for 2020 is 60%. \$50 of your payment is allocated to PharmPAC, TPA's political action committee.*

Check here if you **DO NOT WANT** any of your payment to go to PharmPAC. *(This election will not decrease payment amount.)*