

# TEXAS PHARMACY ASSOCIATION

## 2020 ASSOCIATE MEMBERSHIP APPLICATION



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

Associate membership is open to any individual interested in the Association who supports and delivers related services and products for pharmacists and pharmacies, and is not eligible for other categories of membership. Associate members shall not be eligible to vote or hold office in the Association.

### CONTACT INFORMATION

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

Corporate/Organizational Affiliation: \_\_\_\_\_

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

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

Explain the pharmacy-related services and/or products that you or your organization deliver: \_\_\_\_\_

### PAYMENT DUE

TPA annual associate member dues

**\$ 250.00**

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

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

PharmPAC:  \$25  \$50  \$75  \$100

#### Additional Donation:

\$ \_\_\_\_\_

**TOTAL DUE:**

**\$ \_\_\_\_\_**

### 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.)