



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	M.I.	Last Name
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Preferred Email	Preferred Phone #
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Preferred Address

City/State/Zip	NABP #	D.O.B.
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Section A—WSPA Dues

WSPA dues may be deductible as an ordinary and necessary business expense. However, a portion of your WSPA dues (approximately 36%) is allocated for lobbying expense and is not tax deductible. Please consult a tax professional. WSPA memberships are non-fundable

WSPA Voting Member (minimum one year*)

- Pharmacist \$260 annually or \$22.00/month*
- New Practitioner (Residents and Fellows are FREE) 1st Year FREE
- 2nd Year \$115 annually \$10.00/month*
- Retired Pharmacist (over 65 years old)
- \$105 annually or \$9.00/month*
- Pharmacy Technician \$55 annually or \$6.00/month*

WSPA Non-Voting Member (minimum one year*)

- Associate \$260 annually or \$22.00/month*
- Full-time Student (Pharmacist or Technician) \$20 annually

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

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

Section B—Local Chapter Dues (optional)

South Puget Sound Pharmacy Association Dues

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

Southwest WA Pharmacy Association Dues

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

Section C—Voluntary Contributions

- Washington State Pharmacy Foundation
 - \$_____ Student Scholarships \$_____ Research and Education \$_____ General Fund (select yearly/monthly)
- Contributions to the non profit (5013C) Washington State Pharmacy Foundation are optional and tax deductible as a charitable contribution

- Washington Pharmacy Political Action Committee
- \$_____ (select yearly/monthly) *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 US. Federal Election Commission, foreign nationals are prohibited from making any contributions or expenditures in connections 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.

Sections A, B and C Total

\$

- I am including a check made out to WSPA or please charge my credit card
- Please automatically renew my dues each year (*you can opt out of monthly payments after one year)
- Name on card: _____
- Card number: _____ Expiration date: _____ 3 -digit security code: _____
- Signature for charges: _____