



National Community Pharmacists Association

Independent Pharmacy Organization Enrollment Form (IPO)

Please print clearly

Organization Name

Mailing Address

City

State

ZIP

Telephone

Company web site

Describe your organization's products/services

Key Contact

Name

Title

Preferred Mailing Address

City

State

ZIP

Telephone

Fax number

Organization Official Submitting Membership Form

E-mail address

Signature

Date

Please indicate the number of Retail Pharmacies in your organization: _____

Dues Payment

Independent Pharmacy Organization Member Annual Dues: \$1,500

Organization member dues are applicable for the period of January 1 to December 31.

Check enclosed (made payable to NCPA)

Credit card Visa MasterCard American Express

Name on card

Card number

Expiration date

Signature

Date

IPO Members are entitled to enroll up to four managers, officers/board members as NCPA members. Please see back of form.

Other IPO Contacts

You may attach business cards if preferred.

Name	Title	Telephone
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Preferred Mailing Address

City	State	ZIP
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Fax number	E-mail address
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Name	Title	Telephone
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Preferred Mailing Address

City	State	ZIP
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Fax number	E-mail address
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Name	Title	Telephone
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Preferred Mailing Address

City	State	ZIP
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Fax number	E-mail address
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Please send your dues payment with the enrollment form to:

NCPA—Corporate Membership Department
100 Daingerfield Road
Alexandria, VA 22314

703-683-8200 • Fax 703-683-3619

*NCPA dues are not deductible as a charitable contribution for federal income tax purposes. However, in accordance with provisions of the Omnibus Budget Reconciliation Act of 1994, NCPA estimates that 50% of your 2009 membership dues are deductible under Section 162 of the Internal Revenue Code as ordinary and necessary trade or business expense.

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