

## Membership Application

Please fill out the following information. If you have any questions, please call 1 (800) 544-7447 and ask for Membership.

- Fax it to NCPA at 703.683.3619 or
- Mail it with a check or credit card information to NCPA, 100 Daingerfield Rd., Alexandria, VA 22314 or
- Go online to [www.ncpanet.org](http://www.ncpanet.org), Join NCPA

Dr.       Mr.       Mrs.       Ms.  
 First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Nickname/Preferred Name \_\_\_\_\_  R.Ph.     P.D.     Pharm.D.     Ph.D.     Other \_\_\_\_\_  
 Pharmacy \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ Work Fax \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Pharmacy Website \_\_\_\_\_ NABP/NCPDP# (s) \_\_\_\_\_ NPI # \_\_\_\_\_  
 Pharmacy School \_\_\_\_\_ M/D/Yr of Graduation \_\_\_\_\_ Date of Birth \_\_\_\_\_

### NCPA Membership Categories (please select)

**Active Member** (Owner/Pharmacist or Manager/Pharmacist)

- \$295 - 1 year       \$540 - 2 years  
 \$785 - 3 years       \$2500 - Lifetime  
 Number of stores owned \_\_\_\_\_ or managed \_\_\_\_\_

**Active Member Spouse** (Pharmacist Spouse of Active Member)

- \$95 -1 year - Spouse's Member Number: \_\_\_\_\_

**Pharmacist Member** (Staff Pharmacist)

- \$175 - 1 year       \$350 - 2 years       \$525 -3 years

**Pharmacy Student**

- \$35 - 1 year

**Pharmacy Technician**

- \$75 - 1 year       \$150 - 2 years

**Retired Pharmacist**

- \$100 - 1 year       \$200 - 2 years

**Recent Pharmacy School Graduate**

- \$40 -2010 Grad       \$60 - 2009 Grad       \$90 - 2008 Grad

**Sustaining** (Non-pharmacist Owner/Manager)

- \$295 - 1 year       \$590 - 2 years       \$885 -3 years

#### Magazine Subscription

I understand that \$15 of my membership dues is allocated to my America's Pharmacist magazine subscription.

Signature (Required) \_\_\_\_\_

Date: \_\_\_\_\_

#### Payment Information

Total Dues Amount \$ \_\_\_\_\_

Enclosed is my check (made out to NCPA)

Please bill my credit card

**Visa    Mastercard    AmEx                  Discover**

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code (3 digit for Visa or MC, 4 digit for AmEx) \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Optional NCPA Affiliate Participation

In addition to becoming a member, you may also sign up for one of the following:

- NCPA Foundation Contribution** — Amount \$ \_\_\_\_\_

The NCPA Foundation is a nonprofit, charitable 501(c)(3) organization that supports the growth and advancement of independent community pharmacy through low-interest educational loans and scholarships to pharmacy students in need, critical research and programs to improve the success of independent pharmacy, and financial assistance to community pharmacy owners for their recovery in the event of disaster, accidents, illness, or adverse circumstances. Contributions are tax-deductible to the extent permitted under federal tax law. Federal Tax ID 36-60722