

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, 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 -2012 Grad \$60 - 2011 Grad \$90 - 2010 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 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