

# MEMBERSHIP ENROLLMENT FORM



## STEP 1: Create your APhA profile

☐ Mr. ☐ Ms. ☐ Dr. Other: \_\_\_\_\_

FIRST NAME MIDDLE INITIAL LAST NAME SUFFIX DESIGNATIONS (e.g., PharmD, RPh)

**PREFERRED E-MAIL ADDRESS (REQUIRED)** Providing your e-mail allows you to receive timely updates from APhA and important news and information. APhA does not sell or distribute member e-mail addresses.

HOME ADDRESS

CITY STATE ZIP

HOME PHONE MOBILE PHONE (WORK OR PERSONAL) FAX

WORK ADDRESS

CITY STATE ZIP

TITLE/POSITION JOB FUNCTION BUSINESS PHONE

COLLEGE/SCHOOL OF PHARMACY ATTENDED YEAR OF GRADUATION (REQUIRED)

PREFERRED MAILING ADDRESS: ☐ HOME ☐ WORK

## STEP 2: Let us know who you are

**I AM A:** ☐ **U.S. Pharmacist (practicing for 5 or more years)**

☐ Retired

☐ Spouse of Active Member

Spouse's APhA Member ID# \_\_\_\_\_

☐ **International Pharmacist (degree outside the US)**

☐ **Nonpharmacist**

☐ **New Practitioner (practicing for less than 5 years)**

☐ **Resident** Program \_\_\_\_\_ Expected Completion \_\_\_\_\_

☐ **Postgraduate** Program \_\_\_\_\_ Expected Completion \_\_\_\_\_

☐ **Technician**

*If you are a government employee, please visit [pharmacist.com/join](http://pharmacist.com/join) to access the appropriate membership enrollment form.*

## STEP 3: Select your Membership

**U.S. Pharmacist/International Pharmacist/Nonpharmacist**

☐ \$285 for 1 year ☐ \$510 for 2 years

**Spouse** ☐ \$143 for 1 year ☐ \$257 for 2 years

**Retired** ☐ \$143 for 1 year ☐ \$257 for 2 years

**New Practitioner/Resident/Postgraduate**

☐ \$143 for 1 year ☐ \$257 for 2 years

**Technician** ☐ \$29 for 1 year ☐ \$49 for 2 years

**STEP 3A: In what type of setting are you currently primarily practicing** *(Please select only one.)*

☐ Academia (College or School of Pharmacy)

☐ Clinic (Outpatient) Pharmacy

☐ Long-Term Care Pharmacy

☐ Pharmaceutical Industry

☐ Ambulatory Care Pharmacy

☐ Consultant Pharmacy

☐ Mail Service Pharmacy

☐ Physician Office-Based Pharmacy

☐ Association/Regulatory

☐ Currently Not Working

☐ Managed Care Pharmacy

☐ Specialty Pharmacy

☐ Chain Pharmacy (4+ units)

☐ Hospital/Institutional (Inpatient) Pharmacy

☐ Mass-Merchant Pharmacy

☐ Supermarket Pharmacy

☐ Independent Pharmacy (1–3 units)

☐ Nuclear Pharmacy

☐ Other (specify) \_\_\_\_\_

## STEP 4 (Required): Select your Academy Section and Special Interest Groups now

**APhA has two Academies:** APhA Academy of Pharmacy Practice and Management (APhA-APPM) and APhA Academy of Pharmaceutical Research and Science (APhA-APRS). As an APhA member you can choose to join both Academies, but you must designate one as your Primary Academy.

**Please select the P for Primary Academy and/or the S for your Secondary Academy.** ☐ P ☐ S APhA-APPM ☐ P ☐ S APhA-APRS

**If you select APhA-APPM as your Primary or Secondary Academy, you have the option to join multiple Special Interest Groups (SIGs).**

**Note:** APhA Election determines APhA-APPM leadership; SIG leadership is selected by SIG members at the Annual Meeting.

**Special Interest Groups:**

☐ Care of Underserved Patients

☐ Immunizing Pharmacists

☐ Nuclear Pharmacy Practice

☐ Preceptor

☐ Compounding

☐ Medical Home/ACO

☐ Pain, Palliative Care

☐ Public Health

☐ Diabetes Management

☐ Medication Management

☐ and Addiction

☐ Transitions of Care

If you select **APhA-APRS** as your Primary Academy, you must designate a Primary Section for voting purposes by selecting the P in front of the section.

**Note:** APhA-APRS Academy/Section leadership is determined by the APhA Election.

☐ P ☐ S Basic Sciences

☐ P ☐ S Clinical Sciences

☐ P ☐ S Economic, Social and Administrative Sciences

## STEP 5: Journal and magazine access

Members receive full online access to the **Journal of Pharmaceutical Sciences (JPharmSci)**, **Journal of the American Pharmacists Association (JAPhA)**, and **Pharmacy Today**.

For additional information, visit [pharmacist.com/join](http://pharmacist.com/join). A portion of your dues payment is allocated to your subscription of **JAPhA** (\$25) and **Pharmacy Today** (\$14). These amounts cannot be deducted from your dues total.

## STEP 6: Please donate to the APhA Foundation. Thank you!

☐ 30 USD

☐ 100 USD

☐ 500 USD

☐ Other (specify) \_\_\_\_\_

☐ 60 USD

☐ 250 USD

☐ 1,953 USD (1953 Society)

### APhA Foundation Charitable Contribution

**The APhA Foundation is pharmacy's philanthropy!** With your support, we design and implement innovative, patient-centered, team-based care models that improve patient's health. Your donation supports future leaders through student scholarships and promotes innovative care services through incentive grants. Thank you for giving to your profession. Donate online at or [APhAfoundation.org](http://APhAfoundation.org). Make a tax deductible contribution today. We are 501 (c) (3) charitable organization.

## STEP 7: Make your dues payment

Membership Dues Amount (Based on Step 3)

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

Voluntary Contribution from Step 6

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

Total Payment

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

☐ Check made payable to APhA in US dollars drawn on a US bank

☐ **Credit Card:** ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Credit Card Number

Expiration Date

CVV

Cardholder Signature

Card Billing Address Zip Code

☐ **Auto Renewal:** I want to auto-renew my membership and authorize that my credit card be charged in full prior to the start of membership each year.

### Information about Auto Renew Enrollment:

You want to auto renew your membership annually and authorize that your credit card will be charged in full prior to the start of your membership each year. To cancel your auto renewal, you understand that you must notify APhA Member Services 20 days prior to your expiration date to avoid automatic renewal and payment of the next year's dues.

☐ **Monthly Installments:** I want to enroll in a monthly billing plan and split my dues into 12 easy monthly payments, with my first installment charged immediately, and the remaining payments will be automatically charged to my credit card monthly. (*Donations are excluded from the billing plan.*)

### Information about Monthly Installment Enrollment:

You want to be enrolled in a monthly billing plan (monthly payments) for your annual membership (12-month membership required). Donations and subscriptions are billed immediately and are excluded from the billing plan. The first installment will be charged now, and your credit card will continue to be charged monthly for 11 months and will automatically renew your annual membership monthly billing cycle until you cancel your membership. You must cancel 20 days prior to your expiration date to avoid automatic renewal and payment of the next month's dues. By signing up for a monthly billing plan, you are committing to full payment of your annual dues. If you cancel prior to the completion of your 12 monthly payments, you will be billed for the remaining payment in one lump sum on your credit card. Please call APhA InfoCenter at (800) 237-2742 to update your credit card information.

## Submit Enrollment Form with Payment

☐ **By Mail:** Send form and payment to **American Pharmacists Association, P.O. Box 931411, Atlanta, GA 31193-1411**

☐ **By Fax:** Fax with credit card payment to **(844) 390-3782** to enroll.

You will receive your new member package within 4-6 weeks of enrollment. Questions? Please contact a Member Services Representative at 800-237-APhA (2742).

Under IRS guidelines, the full amount of your gift to the **APhA Foundation** is a deductible contribution. Contributions or gifts to **APhA** are not deductible as charitable contributions for federal tax purposes. However, dues may be deductible as an ordinary and necessary business expense. Pursuant to the Omnibus Budget Reconciliation Act of 1993, 15% of your APhA dues is attributable to nondeductible lobbying activity and is therefore not deductible under Internal Revenue Code Section 162 as an ordinary and necessary business expense. *See your personal tax advisor for additional information.*