MEMBERSHIP ENROLLMENT FORM for New Practitioners, Residents, Post Graduates

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

PREFERRED MAILING ADDRESS: ☐ HOME ☐ WORK

STEP 2: Let us know who you are

I AM A: ☐ US New Practitioner Pharmacist Practicing for Less than 5 Years

Resident ☐ Program________________________ Expected Completion __________________

Postgraduate ☐ Program________________________ Expected Completion __________________

STEP 3: Select the Membership that’s right for you

ENGAGED Membership: ☐ $129 for 1 year ☐ $235 for 2 years

Includes: Access to 80+ home study CPEs, publications, tools, resources, networking, and discounts.

ENGAGED PLUS Membership: ☐ $229 for 1 year ☐ $415 for 2 years

Includes: Everything you get as an ENGAGED Member AND Annual Meeting early bird rate extension, 5% additional discounts, added networking events, additional sessions and more.

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 ☐ Hospital/Institutional (Inpatient) Pharmacy ☐ Managed Care Pharmacy ☐ Specialty Pharmacy

☐ Chain Pharmacy (4+ units) ☐ Independent Pharmacy (1–3 units) ☐ Mass-Merchant Pharmacy ☐ Supermarket Pharmacy

☐ Pharmacist Industry

☐ Care of Underserved Patients ☐ Compounding ☐ Diabetic Management ☐ Immunizing Pharmacists

☐ Medical Home/ACO ☐ Medication Management ☐ Pain, Palliative Care and Addiction ☐ Transitions of Care

☐ Nuclear Pharmacy

☐ Preceptor

☐ Transfers of Care

To join SIG ENGAGE communities, sign up at www.pharmacist.com/apha-appm-special-interest-groups-sigs.

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.

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 ☐ Diabetes Management ☐ Medical Home/ACO ☐ Nuclear Pharmacy Practice

☐ Compounding ☐ Immune-based Pharmacists ☐ Medication Management ☐ Pain, Palliative care and Addiction

☐ Preceptor ☐ Transitions of Care

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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: Choose your Journal & Publication access and delivery options

Members receive full access to the *Journal of Pharmaceutical Sciences (JPharmSci)* and *Pharmacy Today*. Members also may choose between the online or print version of the *Journal of the American Pharmacists Association (JPhA)*.

Please select one of the following:  
- [ ] Access JPhA online only! (Go green!)  
- [ ] Access JPhA in print!

Not all members are eligible for all benefits. Please refer to [www.pharmacist.com](http://www.pharmacist.com) for a complete list of benefits by member type.

**Bonus Benefits:** APhA members are now eligible for a 20% discount off a subscription to *Pharmacotherapy*.

- [ ] Please subscribe me to the online version of *Pharmacotherapy*, official journal of ACCP, for an additional fee of $76 (20% off the $95 subscription rate). Please add $76 to the total due in Section 7.

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

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

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<thead>
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<th>Amount</th>
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<tr>
<td>25 USD</td>
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<tr>
<td>100 USD</td>
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<td>500 USD</td>
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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 [www.aphafoundation.org/donate](http://www.aphafoundation.org/donate) 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

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<th>Description</th>
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<tr>
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<td>Optional Fees for Publications from Section 5</td>
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<tr>
<td>Voluntary Contribution from Section 6</td>
<td>$__________</td>
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<td>Total Payment</td>
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- [ ] Check made payable to APhA in US dollars drawn on a US bank
- [ ] Credit Card:  
  - [ ] Visa  
  - [ ] MasterCard  
  - [ ] AMEX  
  - [ ] Discover

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<th>Information about Monthly Installment Enrollment:</th>
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| 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 Member Services at (800) 237-2742 X2 to update your credit card information at any time.

**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 2 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.