

MEMBERSHIP ENROLLMENT FORM



SECTION 1: Contact Information

Mr. Ms. Dr. Other: _____

FIRST NAME	INITIAL	LAST NAME	SUFFIX	DESIGNATIONS (e.g., PharmD, RPh)
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PREFERRED E-MAIL ADDRESS (REQUIRED)

Providing your e-mail address allows you to receive timely updates from APhA and important news and information. APhA does not sell or distribute member e-mail addresses.

PREFERRED FAX NUMBER _____

HOME ADDRESS _____

CITY	STATE	ZIP CODE	HOME TELEPHONE
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WORK NAME & ADDRESS _____

CITY	STATE	ZIP CODE	TITLE/POSITION	BUSINESS TELEPHONE
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PREFERRED MAILING ADDRESS: HOME WORK

COLLEGE/SCHOOL OF PHARMACY ATTENDED _____

YEAR OF GRADUATION (REQUIRED) _____

SECTION 2 (Required): Membership Category and Practice Setting

Membership Category: *(Select One) If you are a Student or a Government employee, please visit www.pharmacist.com/join to access the appropriate Member Enrollment Form.*

Active Member* – \$259

International Member* – \$259

(Pharmacists educated and working outside the US)

Canadian Member* – \$129

CPhA Member ID# _____

Spouse/Active Member* – \$129

Spouse's APhA Member ID# _____

Retired Member* – \$125

Nonpharmacist – \$259

New Practitioner*

2018 Graduate – **\$86**

2017 Graduate – **\$157**

2016 Graduate – **\$209**

2015/2014 Graduate – **\$259**

Technician – \$69

Postgraduate Member* – \$86

Expected Graduation Date (MM/DD/YEAR) _____

Resident Member* – \$86 (choose one)

PGY1 Residency Year One

PGY2 Residency Year Two

**A member is defined as a Pharmacist or Scientist unless otherwise noted.*

2A: Practice Setting (Required):

(Select One) In what type of setting are you currently primarily practicing? (Please select only one.)

Academia (College or School of Pharmacy)

Ambulatory Care Pharmacy

Association/Regulatory

Chain Pharmacy (4+ units)

Clinic (Outpatient) Pharmacy

Consultant Pharmacy

Currently Not Working

Hospital/Institutional (Inpatient) Pharmacy

Independent Pharmacy (1–3 units)

Long-Term Care Pharmacy

Mail Service Pharmacy

Managed Care Pharmacy

Mass-Merchant Pharmacy

Nuclear Pharmacy

Pharmaceutical Industry

Physician Office-Based Pharmacy

Specialty Pharmacy

Supermarket Pharmacy

Other (specify) _____

SECTION 3: (Required) Academy Section and Special Interest Group Selection

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 circle the P for Primary Academy and/or the S for your Secondary Academy.

P S APhA-APPM P S APhA-APRS

APhA-APPM: 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 Nuclear Pharmacy Practice

Compounding Pain, Palliative Care and Addiction

Diabetes Management Preceptor

Immunizing Pharmacists Transitions of Care

Medical Home/ACO Medication Management

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

APhA-APRS: If you select APhA-APRS as your Primary Academy, you must designate a Primary Section for voting purposes by circling 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.

Name: _____ Phone: _____

SECTION 4: Journals & Publications

- Members receive full access to APHA's **DrugInfoLine** (www.aphadruginfoline.com), 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 (JAPhA)**.

Please select one of the following:

- Access **JAPhA** online only! (Go green!) OR
 Access **JAPhA** in print!

* Not all members are eligible for all benefits. Please refer to www.pharmacist.com for a complete list of benefits by member type.

- **Bonus Benefits:** APHA members are now eligible for a 20% discount off subscriptions to **Pharmacotherapy**, **International Journal of Pharmaceutical Compounding (IJPC)**, and a 20% registration discount to the **IJPC website: www.compoundingtoday.com** (restrictions apply).
- 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 6**.

To subscribe to **IJPC**, visit www.IJPC.com/Subscribe; to register for the website, visit <http://compoundingtoday.com/Register>.

For additional information, visit www.pharmacist.com/JoinAPhA.

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.

SECTION 5: Voluntary Charitable Contribution

- APhA Foundation**
- 25 USD 250 USD
 50 USD 500 USD
 100 USD 1,953 (1953 Society)
 Other _____

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 student scholarships and promotes innovative care services through incentive grants. Thank you for giving to your profession. Donate online www.aphafoundation.org/donate or APhAfoundation.org. Make a tax deductible contribution today. We are a 501 (c) (3) charitable organization.

SECTION 6: Your Dues Payment

Membership Dues Amount (Based on the Membership Category): \$ _____

Optional Fees for Publications from Section 4 \$ _____

Living outside the US or Puerto Rico?

Add a \$100 postage surcharge for mailing APHA periodicals. \$ _____

Voluntary Contribution from Section 5 \$ _____

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

CARDHOLDER SIGNATURE

SUBMIT ENROLLMENT FORM WITH PAYMENT:

- By Mail:** Send form and payment to **APhA Info Center, P.O. Box 411, Annapolis Junction, MD 20701-0411**

- By Fax:** Fax with credit card payment to **1-240-554-2367** 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, 20% 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.*