

MEMBERSHIP ENROLLMENT FORM



American Pharmacists Association®
Improving medication use. Advancing patient care.

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 Pharmacist or a Federal Pharmacist/Technician, please visit www.pharmacist.com to access the appropriate Member Enrollment Form.

☐ **Active Pharmacist – \$249**

☐ **International Pharmacist – \$249**

(Pharmacists educated and working outside the United States)

☐ **Canadian Pharmacist – \$125**

CPhA Member ID# _____

☐ **Spouse/Active Pharmacist – \$125**

Spouse's APhA Member ID# _____

☐ **Retired Pharmacist – \$121**

☐ **Nonpharmacist Member – \$249**

☐ **New Practitioner***

☐ 2014 Graduate – **\$84**

☐ 2013 Graduate – **\$152**

☐ 2012 Graduate – **\$203**

☐ 2011/2010 Graduate – **\$249**

☐ **Technician Member – \$67**

☐ **Postgraduate Member – \$84**

Expected Graduation Date (MM/DD/YEAR) _____

☐ **Resident Member – \$84** (choose one)

☐ **PGY1 Residency Year One**

☐ **PGY2 Residency Year Two**

* NOTE: Pharmacists within 5 years of graduation are automatically included in the New Practitioner Network and receive additional benefits.

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 a member you can choose to join as many Academy Sections and Special Interest Groups (SIGs) within **APhA-APPM** and/or **APhA-APRS** BUT you must designate **ONE Academy** as a primary group for the purpose of voting. To join a SIG, you must select APhA-APPM as your primary, or secondary, Academy. Voting in APhA-APPM will be at the Academy level, not at the SIG level.

Please circle the P to denote your primary voting area and circle S for your secondary areas.

P S APhA-APPM:

Special Interest Groups: Select as many as you wish, however to join any SIG you must select APhA-APPM as your primary, or secondary, selection.

☐ Compounding SIG

☐ Diabetes Management SIG

☐ Immunizing Pharmacists SIG

☐ Medical Home/ACO SIG

☐ Medication Management SIG

☐ Nuclear Pharmacy Practice SIG

☐ Pain, Palliative Care and Addiction SIG

☐ Preceptor SIG

☐ Transitions of Care SIG

APhA-APRS:

Sections: Select as many as you wish. Please circle Primary or Secondary.

P S Basic Sciences

P S Clinical Sciences

P S Economic, Social and Administrative Sciences.

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 Contribution

APhA Foundation ☐ \$50.00 USD ☐ \$500.00 USD
☐ \$100.00 USD ☐ Other \$ _____

APhA Foundation Donation

The APhA Foundation is pharmacy's philanthropy! Our mission is to improve people's health through pharmacists patient care services. Our research, public education and recognition programs advance patient care and add value to the health care system. Learn more at <http://www.aphafoundation.org/> or **APhAfoundation.org**. Make a tax deductible contribution today.

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

CREDIT CARD NUMBER

EXPIRATION DATE

CARDHOLDER SIGNATURE

SUBMIT ENROLLMENT FORM WITH PAYMENT:

American Pharmacists Association®
Improving medication use. Advancing patient care.

■ **By Mail:** Send form and payment to **APhA Membership, 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, 35% 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.