

# 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)
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## 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](http://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\***
  - 2019 Graduate – **\$86**
  - 2018 Graduate – **\$157**
  - 2017 Graduate – **\$209**
  - 2016/2015 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.)*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Academia (College or School of Pharmacy)</li> <li><input type="checkbox"/> Ambulatory Care Pharmacy</li> <li><input type="checkbox"/> Association/Regulatory</li> <li><input type="checkbox"/> Chain Pharmacy (4+ units)</li> <li><input type="checkbox"/> Clinic (Outpatient) Pharmacy</li> <li><input type="checkbox"/> Consultant Pharmacy</li> <li><input type="checkbox"/> Currently Not Working</li> <li><input type="checkbox"/> Hospital/Institutional (Inpatient) Pharmacy</li> <li><input type="checkbox"/> Independent Pharmacy (1–3 units)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Long-Term Care Pharmacy</li> <li><input type="checkbox"/> Mail Service Pharmacy</li> <li><input type="checkbox"/> Managed Care Pharmacy</li> <li><input type="checkbox"/> Mass-Merchant Pharmacy</li> <li><input type="checkbox"/> Nuclear Pharmacy</li> <li><input type="checkbox"/> Pharmaceutical Industry</li> <li><input type="checkbox"/> Physician Office-Based Pharmacy</li> <li><input type="checkbox"/> Specialty Pharmacy</li> <li><input type="checkbox"/> Supermarket Pharmacy</li> <li><input type="checkbox"/> Other (specify) _____</li> </ul> |
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## 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:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Care of Underserved Patients</li> <li><input type="checkbox"/> Compounding</li> <li><input type="checkbox"/> Diabetes Management</li> <li><input type="checkbox"/> Immunizing Pharmacists</li> <li><input type="checkbox"/> Medical Home/ACO</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication Management</li> <li><input type="checkbox"/> Nuclear Pharmacy Practice</li> <li><input type="checkbox"/> Pain, Palliative Care and Addiction</li> <li><input type="checkbox"/> Preceptor</li> <li><input type="checkbox"/> Transitions of Care</li> </ul> |
|---|--|

*To join SIG ENGAGE communities, sign up at [www.pharmacist.com/apha-appm-special-interest-groups-sigs](http://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.aphadruginfo.com](http://www.aphadruginfo.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](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 subscriptions to **Pharmacotherapy**, **International Journal of Pharmaceutical Compounding (IJPC)**, and a 20% registration discount to the IJPC website: [www.compoundingtoday.com](http://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](http://www.IJPC.com/Subscribe); to register for the website, visit <http://compoundingtoday.com/Register>.

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 *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 leaders through student scholarships and promotes innovative care services through incentive grants. Thank you for giving to our profession. Donate online [www.aphafoundation.org/donate](http://www.aphafoundation.org/donate) or [APhAfoundation.org](http://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, 18% 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.*