

ALL FIELDS REQUIRED

Dr. Mr. Mrs. Ms.

Name (First | Middle Initial | Last)

R.Ph. P.D. Pharm.D. Ph.D. Suffix

Nickname | Preferred Name

Pharmacy Name

Mailing Address (Street | City | State | ZIP)

Physical Address (Street | City | State | ZIP)

Work Phone

Work Fax

Cell

Email

Website

NPI#

NCPDP#

Pharmacy School

Graduation Date (M | D | Y)

DOB (M | D | Y)

NCPA MEMBERSHIP CATEGORIES (PLEASE SELECT)

Retired Pharmacist

\$135 / 1 year

Sustaining (Non-pharmacist)

\$435 / 1 year \$720 / 2 years \$1,045 / 3 years

Recent Pharmacy School Graduate

\$55 / 2020 \$80 / 2019 \$120 / 2018

Student Pharmacist

\$50 / 1 year \$85 / 2 years
 \$120 / 3 years \$155 / 4 years

Final Year Student Pharmacist (Includes final year of pharmacy school and 1st year of licensure.)

\$105 / 2 years Also includes choice of publication:
 Opening a Pharmacy Buying a Pharmacy

In addition to joining NCPA, you may also sign up for the following:

NCPA Long-Term Care Division Membership

Amount \$195

LTC members get access to resources and expertise to help them start or expand their LTC pharmacy businesses.

NCPA Legislative/Legal Defense Fund Investment

Amount \$ _____

The LDF helps fund NCPA's advocacy operation—lobbying, research, legal, communications—and amplifies your voice.

NCPA Foundation Contribution

Amount \$ _____

The Foundation works to advance independent community pharmacy by providing direct disaster relief, academic and workshop scholarships, and community health awareness programs.

Payment information (U.S. Currency Only)

Amount Due _____

Enclosed check payable to NCPA or Visa MasterCard American Express Discover

Card Number

Name on Card

Exp. Date

Today's Date

Signature

NCPA annual dues are not deductible as a charitable contribution for federal income tax purposes. However, in accordance with provisions of the Omnibus Budget Reconciliation Act of 1994, NCPA estimates that 65% of your membership dues are deductible under Section 162 of the Internal Revenue Code as ordinary and necessary trade or business expense. By submitting this application, I hereby agree to the NCPA Logo Use Policy available at www.ncpa.org/logo. \$15 of membership dues is allocated to the *America's Pharmacist*® magazine subscription.

If you have questions, please contact NCPA Membership at 800.544.7447

Send payment to:

mail: NCPA Membership 100 Daingerfield Rd., Alexandria VA 22314

email: membership@ncpa.org fax: 703.683.3619