



Membership

Membership includes up to four individuals located at the pharmacy who will receive member benefits. Please provide a unique email address for each individual. If you need more than four, please email membership@ncpa.org or call 800.544.7447

Pharmacy Name: _____ **NCPDP #:** _____
Address, City, State, Zip code: _____
Phone, Fax, Website _____
Pharmacy Email: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

I would like to sign up an additional pharmacy(s) for only \$150 each. I understand I am to submit four names and unique email addresses per pharmacy.*

Additional Pharmacy Name: _____ **NCPDP #:** _____
Address, City, State, Zip code: _____
Phone, Fax, Website _____
Pharmacy Email: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

Additional Pharmacy Name: _____ **NCPDP #:** _____
Address, City, State, Zip code: _____
Phone, Fax, Website _____
Pharmacy Email: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

Name: _____ **Email address:** _____

Position: _____

*If you have additional pharmacies that you want to join but cannot fit on this application, please attach an additional form. Additional pharmacies with common ownership are only \$150 each and also receive up to four individuals.

Payment information:

Mastercard Visa AMEX Discover **CC#:** _____ **EXP:** _____

\$435 for first pharmacy | \$150/per additional pharmacy _____

Total charged \$ _____

Send payment to:

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

email: membership@ncpa.org **fax:** 703.683.3619