

# MEMBERSHIP ENROLLMENT FORM



## STEP 1: Create your APhA profile

☐ Mr. ☐ Ms. ☐ Dr. Other: \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_ SUFFIX \_\_\_\_\_ DESIGNATIONS (e.g., PharmD, RPh) \_\_\_\_\_

**PREFERRED E-MAIL ADDRESS (REQUIRED)** Providing your e-mail allows you to receive timely updates from APhA and important news and information. APhA does not sell or distribute member e-mail addresses.

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE (WORK OR PERSONAL) \_\_\_\_\_ FAX \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ JOB FUNCTION \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

COLLEGE/SCHOOL OF PHARMACY ATTENDED \_\_\_\_\_ YEAR OF GRADUATION (REQUIRED) \_\_\_\_\_

PREFERRED MAILING ADDRESS: ☐ HOME ☐ WORK

## STEP 2: Let us know who you are

**I AM A:** ☐ **U.S. Pharmacist** (practicing for 7 or more years)

☐ Veteran ☐ Retired ☐ Government/Federal Pharmacist Federal Agency \_\_\_\_\_ Military Branch \_\_\_\_\_  
☐ Spouse of Active Member Spouse's APhA Member ID# \_\_\_\_\_ (50% off member dues for spouse)

☐ **Researcher**

☐ **International Pharmacist** (degree/practice outside the US)

☐ **Supporter**

☐ **New Practitioner** (practicing for less than 7 years)

☐ **Resident** Program \_\_\_\_\_ Expected Completion \_\_\_\_\_

☐ **Postgraduate** Program \_\_\_\_\_ Expected Completion \_\_\_\_\_

☐ **Technician**

## STEP 3: Select your Membership

**U.S. Pharmacist, Researcher, International Pharmacist, or Supporter** ☐ \$294 for 1 year ☐ \$525 for 2 years

**Veteran, Retired, or Government/Federal Pharmacist** ☐ \$143 for 1 year ☐ \$257 for 2 years **Spouse** ☐ \$143 for 1 year ☐ \$257 for 2 years

**New Practitioner or Resident**

First Pharmacy Degree Graduation Year 2025: ☐ \$0 for 1 Year (our gift to you!) No 2 Year Option First Pharmacy Degree Graduation Year 2021: ☐ \$199 for 1 Year ☐ \$444 for 2 Years

First Pharmacy Degree Graduation Year 2024: ☐ \$143 for 1 Year ☐ \$257 for 2 Years First Pharmacy Degree Graduation Year 2020: ☐ \$294 for 1 Year ☐ \$525 for 2 Years

First Pharmacy Degree Graduation Year 2023: ☐ \$143 for 1 Year ☐ \$308 for 2 Years First Pharmacy Degree Graduation Year 2019: ☐ \$294 for 1 Year No 2 Year Option

First Pharmacy Degree Graduation Year 2022: ☐ \$199 for 1 Year ☐ \$358 for 2 Years

**Postgraduate**

Program Completion Year Between 2026 and 2030: ☐ \$70 for 1 Year ☐ \$126 for 2 Years Program Completion Year 2025: ☐ \$70 for 1 Year No 2 Year Option

**Technician** ☐ \$29 for 1 year ☐ \$49 for 2 years

## STEP 3A: In what type of setting are you currently primarily practicing? (Please select only one.)

|  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Academia (college of pharmacy)  | <input type="checkbox"/> Consultant Pharmacy                         | <input type="checkbox"/> Industry                | <input type="checkbox"/> Oncology                 | <input type="checkbox"/> Solid Organ Transplant |
| <input type="checkbox"/> Ambulatory Care                 | <input type="checkbox"/> Critical Care                               | <input type="checkbox"/> Infectious Diseases     | <input type="checkbox"/> Pain Management          | <input type="checkbox"/> Specialty Pharmacy     |
| <input type="checkbox"/> Association                     | <input type="checkbox"/> Emergency Medicine                          | <input type="checkbox"/> Long-Term Care Facility | <input type="checkbox"/> Pharmacy Benefit Manager | <input type="checkbox"/> Veterinary             |
| <input type="checkbox"/> Cardiology Pharmacy             | <input type="checkbox"/> Federal Quality Health Center               | <input type="checkbox"/> Mail Service Facility   | <input type="checkbox"/> Pediatric                | <input type="checkbox"/> Currently Not Working  |
| <input type="checkbox"/> Clinic (outpatient) Pharmacy    | <input type="checkbox"/> Geriatric                                   | <input type="checkbox"/> Managed Care Facility   | <input type="checkbox"/> Pharmaceutical Industry  | <input type="checkbox"/> Retired                |
| <input type="checkbox"/> Community Pharmacy, Chain       | <input type="checkbox"/> Government                                  | <input type="checkbox"/> Mass-Merchant Pharmacy  | <input type="checkbox"/> Physician-Based          | <input type="checkbox"/> Student                |
| <input type="checkbox"/> Community Pharmacy, Independent | <input type="checkbox"/> Hospice                                     | <input type="checkbox"/> Nuclear                 | <input type="checkbox"/> Psychiatric              | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Compound Sterile Preparations   | <input type="checkbox"/> Hospital/Institutional (inpatient pharmacy) | <input type="checkbox"/> Nutrition Support       | <input type="checkbox"/> Regulatory               |   |

## STEP 4 (Required): Select your Community now

(Select one or multiple)

Discover your professional home with APhA! By joining one of our diverse Communities, you'll connect with pharmacists, researchers, student pharmacists, and pharmacy technicians who share your interests and goals. APhA membership opens doors to invaluable networking opportunities and benefits tailored to your needs.

Why join a Community? Our Communities are the heart of APhA, where like-minded individuals collaborate to create resources, products, and services that advance the pharmacy profession and improve patient care. Volunteering and active engagement in these Communities not only expand your network but also enhance your leadership skills and professional development.

Get involved by joining a committee and working on projects that matter to you. As a Community member, you'll have access to APhA Engage, our electronic networking platform, where you can stay updated with daily digest emails or customize your notification settings to suit your preferences.

Take the first step toward enriching your career and making a difference. Join an APhA Community today and unlock your potential!

#### Communities:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Academia                     | <input type="checkbox"/> Quality-Based Care                             | <input type="checkbox"/> New Practitioner           | <input type="checkbox"/> Health Systems       |
| <input type="checkbox"/> Care of Underserved Patients | <input type="checkbox"/> Pain, Palliative Care & Substance Use Disorder | <input type="checkbox"/> Preceptor                  | <input type="checkbox"/> International        |
| <input type="checkbox"/> Diabetes Management          | <input type="checkbox"/> Ambulatory Care Practice                       | <input type="checkbox"/> Radiopharmaceuticals       | <input type="checkbox"/> Pharmacist           |
| <input type="checkbox"/> Immunization                 | <input type="checkbox"/> Community Pharmacy Practice                    | <input type="checkbox"/> Student Pharmacist         | <input type="checkbox"/> Public Health        |
| <input type="checkbox"/> Medication Management        | <input type="checkbox"/> Federal/Government Pharmacy                    | <input type="checkbox"/> Board-Certified Pharmacist | <input type="checkbox"/> Research and Science |
| <input type="checkbox"/> Pharmacy Technician          | <input type="checkbox"/> Industry/Medical Affairs                       | <input type="checkbox"/> Compounding                | <input type="checkbox"/> Transitions of Care  |

## STEP 5: Journal and magazine access

Members receive full online access to the **Journal of Pharmaceutical Sciences (JPharmSci)**, **Journal of the American Pharmacists Association (JAPhA)**, **JAPhA Practice Innovations**, **JAPhA Pharmacotherapy**, **Student Pharmacist**, and **Pharmacy Today (PT)**. **Pharmacy Today** is also mailed monthly.

For additional information, visit [pharmacist.com/join](http://pharmacist.com/join).

## STEP 6: Please donate to the APhA Foundation. Thank you!

- |                                 |                                  |   |  |
|---------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> 30 USD | <input type="checkbox"/> 100 USD | <input type="checkbox"/> 500 USD                  | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> 60 USD | <input type="checkbox"/> 250 USD | <input type="checkbox"/> 1,953 USD (1953 Society) |  |

#### 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 a patient's health. Your donation supports future leaders through student scholarships and promotes innovative care services through incentive grants. Thank you for giving to your profession. Donate online at or [APhAfoundation.org](http://APhAfoundation.org). Make a tax deductible contribution today. We are 501 (c) (3) charitable organization.

## STEP 7: Make your dues payment

Membership Dues Amount (Based on Step 3) \$ \_\_\_\_\_

Voluntary Contribution from Step 6 \$ \_\_\_\_\_

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

CVV

Cardholder Signature

Card Billing Address Zip Code

- ☐ **Auto Renewal:** I want to auto-renew my membership and authorize that my credit card be charged in full prior to the start of membership each year. (This option is not available for 2-year membership cycles.)

#### Information about Auto-Renew Enrollment:

You want to auto-renew your membership annually and authorize that your card will be charged in full prior to the start date of your membership each year. To cancel your auto-renewal, you understand that you must notify APhA 20 days prior to your expiration date to avoid automatic renewal and payment of the next year's dues.

- ☐ **Monthly Installments:** I want to enroll in a monthly billing plan and split my dues into 12 easy monthly payments, with my first installment charged immediately, and the remaining payments will be automatically charged to my credit card monthly. (This option is not available for Postgraduates and Technicians, and donations are excluded from the billing plan.)

#### Information about Monthly Installment Enrollment:

You want to be enrolled in a monthly billing plan (monthly payments) for your annual membership (12-month membership required). Donations and subscriptions are billed immediately and are excluded from the billing plan. The first installment will be charged now, and your credit card will continue to be charged monthly for 11 months and will automatically renew your annual membership on a monthly billing cycle until you cancel your membership. You must cancel 20 days prior to your expiration date to avoid automatic renewal and payment of the next month's dues. By signing up for the monthly billing plan, you are committing to full payment of your annual dues. If you cancel prior to your 12 monthly payments, you will be billed for the remaining payment in one lump sum on your credit card. Please call APhA InfoCenter at (800) 237-2741 to update your credit card information.

## Submit Enrollment Form with Payment

- ☐ **By Mail:** Send form and payment to **American Pharmacists Association, P.O. Box 931411, Atlanta, GA 31193-1411**  
☐ **By Fax:** Fax with credit card payment to **(844) 390-3782** to enroll.

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, 15% 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.