



MEMBERSHIP APPLICATION

Suffix: Dr. Mr. Mrs. Ms.

Name: _____

Home Phone: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Company: _____

E-mail: _____

Referred by: _____

Membership Categories

Rates are effective through August 2008
Membership is effective until December 31, 2008

Active Pharmacist	\$247
Joint with Spouse	\$126
Limited Practice	\$112
Retiree	\$112
Resident/Graduate Student	\$95
Pharmacy Technician	\$57
Pharmacy Technician Student	\$30
Academia	\$112
Pharmacy Student	\$10
Graduate Conversion Step 1 (1 st year after graduation from pharmacy school)	\$63
Graduate Conversion Step 2 (2 nd year after graduation from pharmacy school)	\$127
Associate Member	\$78
Out of State Member	\$112
Pharmaceutical Representative	\$90
Pharmaceutical Representative	\$105
Special Package (includes Washtenaw Area Pharmaceutical Reps. Assn.)	

PAYMENT PREFERENCE

Full payment enclosed (check payable to MPA)

Credit Card: Visa MasterCard AMEX

Card Number: _____

Expiration Date: _____ / _____ Sec. Code: _____

Signature: _____

Automatic Withdrawal (Electronic Funds Transfer)

Full Payment

Installments (2nd Tues. of each month)

Bank Name: _____

Bank Transit #: _____

Account Number: _____

This account is Checking Savings

Signature: _____

Save on Member-only Discounts and Services

- Reduced rates on MPA meetings, registrations
- MPA members save with Go Next travel

Sharpen Your Clinical Knowledge and Skills

- Get the very latest news and information, through *Michigan Pharmacist*, *e-News*, *MPA's Doses* and the MPA website

Build Your Practice Credentials and Position Yourself for Long-Term Success

- MPA offers you outstanding CE opportunities throughout the year, including the 10 hours of live CE you will need starting July 1, 2007

Establish Lifelong Professional Contacts

- Volunteer to serve on an MPA committee
- Receive free membership in your local association
- Receive free membership in your regional society

If you have any questions, contact MPA at
(517) 484-1466 or by e-mail to mpa@michiganpharmacists.org.

To return your completed application with payment via
FAX (517) 484-4893.