

Community Partners in All Hazards Dispensing Program
Permission to Post Business Information on the Michigan Pharmacists Association Website

Yes, I give Michigan Pharmacists Association permission to list my community pharmacy's name and location as well as the contact person's name and phone number on its website as a partner in this project.

Pharmacy Name: _____

Pharmacy Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address*: _____

Signature: _____

**Note: Email address will not be published on the website.*

Please complete the form above and return to:
Emergency Preparedness Coordinator
Michigan Pharmacists Association
408 Kalamazoo Plaza
Lansing, MI 48933

Or email the form to:
MPA@MichiganPharmacists.org