

# MEMBERSHIP APPLICATION



MICHIGAN PHARMACISTS ASSOCIATION

## Member Information

Prefix:  Dr.  Mr.  Mrs.  Ms.  Miss    Credentials:  R.Ph.  Pharm.D.  JD  M.A.  CPhT  B.S.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Supplemental Information**  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
*(if applicable)*

Referred by: \_\_\_\_\_  
*(please include first and last name)*

Have friends or colleagues in the pharmacy profession? List their names here and we'll add them to your network in our database!

\_\_\_\_\_

**Permanent Residence**  
*(check here if this is the address you want to receive mail from MPA)*

**Business/Employment Information**  
*(check here if this is the address you want to receive mail from MPA)*

Home Address: \_\_\_\_\_

Practice/Employer's Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Personal Fax Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

**Practice Section** *(free with membership)*

**Educational Information**

- Consultant Pharmacists Society of Michigan (CPSM)
- Michigan Society of Community Pharmacists (MSCP)
- Michigan Society of Health-System Pharmacists (MSHP)
- Michigan Society of Pharmacy Technicians (MSPT)

Degree Earned: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Institution: \_\_\_\_\_

## Membership Categories and Payment

### Membership Categories

Two-year membership effective through Dec. 31, 2013

One-year membership effective through Dec. 31, 2012

	Two-year membership	One-year membership
Active Pharmacist	<input type="checkbox"/> \$525	<input type="checkbox"/> \$276
Joint with Spouse	<input type="checkbox"/> \$250	<input type="checkbox"/> \$140
Limited Practice	<input type="checkbox"/> \$225	<input type="checkbox"/> \$125
Retiree	<input type="checkbox"/> \$225	<input type="checkbox"/> \$125
Academia	<input type="checkbox"/> \$225	<input type="checkbox"/> \$125
Out-of-State Pharmacist	<input type="checkbox"/> \$225	<input type="checkbox"/> \$125
New Practitioner <i>pharmacist who graduated from a school or college of pharmacy in the last five years</i>	N/A	<input type="checkbox"/> \$100
Associate Member	N/A	<input type="checkbox"/> \$86
Pharmacy Technician	<input type="checkbox"/> \$110	<input type="checkbox"/> \$64
Pharmacy Technician Student	N/A	<input type="checkbox"/> \$10

### Payment Information

Full payment enclosed *(check payable to MPA)*

Credit Card:  Visa  MasterCard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ CWV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### Sign Up Online

To access our online membership application, please visit [MichiganPharmacists.org/members/join](http://MichiganPharmacists.org/members/join), or use your smart phone to read the QR code provided.



If you have any questions, contact MPA at (517) 484-1466 or [MPA@MichiganPharmacists.org](mailto:MPA@MichiganPharmacists.org).

Return your completed application with payment via fax (credit card only) to (517) 484-4893, or mail to 408 Kalamazoo Plaza, Lansing, MI 48933.