



MICHIGAN PHARMACISTS ASSOCIATION

_____ LOCAL ASSOCIATION OFFICERS
(year) (May submit in any format)

RETURN TO MPA BY NOV. 30

NAME OF LOCAL ASSOCIATION _____

(Please type or print)

CHAIRMAN _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

PRESIDENT _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

PRESIDENT-ELECT _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

SECRETARY _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

TREASURER _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

Submitted by: _____ Date: _____



MICHIGAN PHARMACISTS ASSOCIATION

____ LOCAL ASSOCIATION COMMITTEE CHAIRS
(year)

RETURN TO MPA BY NOV. 30

NAME OF LOCAL ASSOCIATION _____

(Please type or print)

MEMBERSHIP COMMITTEE CHAIR _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

PUBLIC AFFAIRS/PROFESSIONAL RELATIONS _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

LEGISLATIVE COMMITTEE CHAIR _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

OTHER COMMITTEE CHAIR (name and title) _____

Home Address _____ Business Address _____

Home Phone _____ Business Phone _____

E-mail _____ FAX Number _____

Submitted by: _____ Date: _____

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