



MICHIGAN PHARMACISTS ASSOCIATION

**LOCAL ASSOCIATION SUPPLEMENTAL INFORMATION
RETURN TO MPA BY NOV. 30**

NAME OF LOCAL ASSOCIATION _____

Please provide a description or announcement of your activities as referenced below	Possible Points	Actual Points
____ 1. Participation at MPA/PAC Legislative Day. (monitored by MPA)	15	
____ 2. Sponsor a local legislative function coordinated with Pharmacy PAC (attach copy)	30	
____ 3. Sponsor continuing education session(s) (attach copy of promotional flyer)	5 per CEU provided	
____ 4. Participation at an MPA-sponsored leadership conference. (monitored by MPA)	10 per person	
____ 5. Membership recruitment activity (attach supporting information)	10 per activity	
____ 6. Participate in professional & public activities Examples: • National pharmacy week • Scholarships • Poison prevention week • Brown bags • Speaking engagements • Fundraisers • Rx disposal event	10 per project	
____ 7. Submit a resolution to the MPA House of Delegates from your local association (attach copy)	5 per resolution	
____ 8. Maintain a communication system Examples (attach copy) • Fax tree • Phone tree • Newsletter • Listserv • Facebook/Twitter account	5 per system	
____ 9. Sponsor social functions Examples (attach copy) • Holiday dinner • Golf outing • Annual banquet • Athletic outing	5 per function	