

# Florida Pharmacy Association

## Membership Application

Florida Pharmacy Association, 610 N. Adams Street, Tallahassee, FL 32301  
(850) 222-2400 - (850) 561-6758 Fax – [www.pharmview.com](http://www.pharmview.com)

Already an FPA Member?  
Share this with a friend.

Name: \_\_\_\_\_

Login Username: \_\_\_\_\_ (Username must contain only letters and/or numbers with no special characters or spaces)

Login Password: \_\_\_\_\_ (Your password must be a minimum of eight (8) characters in length and contain at least one number and one non-numeric character)

Address: \_\_\_\_\_ County \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ NABP e-Profile # \_\_\_\_\_

Florida License #: PS: \_\_\_\_\_ Consultant #: PU \_\_\_\_\_ Nuclear #: \_\_\_\_\_ RPT #: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Type of Practice (Community, Institutional, LTC, Academia, Independent, Compound, Technician, Retired, etc)

\_\_\_\_\_

Email: \_\_\_\_\_

Pharmacy School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Sponsor (Who referred you to the FPA?): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Spouse if a member: \_\_\_\_\_

### Membership Categories:

- Regular Membership \$195\*\*
- Associate Membership \$195\*\*
- Joint with Spouse Membership \$292.50
- Retired Membership \$97.50
- Recent Graduate Membership \$97.50
- Technician Membership \$30
- Student Membership \$ 20\*

Graduation Year: \_\_\_\_\_

\*Student dues cover 4 years while enrolled in the PharmD curriculum.

\*\*These membership categories allow for monthly billing subject to the acceptance of terms and conditions.

Per IRS Code, an estimated 35% of your dues are allocated to lobbying or political action and are not deductible as a business expense.

### Payment Information:

Total Amount \$ \_\_\_\_\_

Check Check # \_\_\_\_\_

AMEX  Discover  MasterCard  VISA

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

Name on Card: \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

### Optional Association Support

\$ \_\_\_\_\_ Contribution to Florida Pharmacist Political Committee

Would you like to make a contribution to the Florida Pharmacy Foundation? Visit their web site at <https://flpharmfound.org/>

**Below is a listing of our various membership options to select from**

**Regular Members** - Those persons who otherwise qualify as members in good standing and who are licensed pharmacists, entitled to practice pharmacy. Annual dues are \$195

**Associate Members** - Those persons who otherwise qualify as members in good standing, and are interested in pharmacy or are associated with a business or profession related to the pharmaceutical profession. Annual dues are \$195

**Student Member** - Those persons who otherwise qualify as a member in good standing and are students in good standing at a college or school of pharmacy. Student member dues cover membership for 4 years of their college education. Dues are \$20.00

**Joint with Spouse Members** - Those persons who are regular members and whose spouse also elects to become a Regular Member of the Florida Pharmacy Association. Annual dues are \$292.50 and provides membership to both the Regular Member and the Spouse

**Retired Members** - Those persons who qualify as Regular Members but have retired and are no longer working. Annual dues are \$97.50

**Recent Graduate** - Those persons who qualify as Regular Members AND have just graduated from their entry level professional degree program. Dues are \$97.50

**Technician Member** - Those persons who qualify as an Associate Member and who work as a pharmacy technician. Annual dues are \$30.00

The Florida Pharmacy Association is pleased to inform its membership that we have instituted a monthly automatic dues payment and renewal plan. This plan is custom designed for those members who would like to enroll in an automatic dues renewal program along with the convenience of automatic dues billing. Participation in this plan is available only through the provision of an approved credit card accepted by the Florida Pharmacy Association and by agreement of the member to FPA's terms and conditions of monthly billing.

**Terms and conditions of monthly billing** – It is acknowledged that the Regular and Associate Member electing to pay their dues in monthly installments agree to the following terms:

- A. The member candidate is committed to remaining a member of the FPA for a minimum of one full year (twelve consecutive months) and agree to pay the entire membership dues in (12) twelve monthly payments based upon the approved payment plan of \$18 per month.
- B. The member candidate will agree that the membership will automatically renew unless notification of intent to cancel is received at least 30 days but no more than 90 days prior to the member renewal anniversary date.
- C. The member candidate will agree that if there is no election to provide notification to cancel that the monthly billing rate may change annually and that the monthly billing for subsequent years may be adjusted accordingly.
- D. The member candidate will agree to this monthly billing service through the provision of a credit card accepted by the FPA and will immediately notify the FPA of any changes to the credit card account.
- E. In the event that the FPA is unable to collect payment electronically, the FPA will notify the member candidate who will make payment by other means no later than (7) days from the date of notification in order to maintain membership privileges and to avoid defaulting on the terms and conditions of monthly billing
- F. In the event of a default on the terms and conditions of monthly billing the FPA
  - May suspend and/or terminate all membership privileges and services
  - May use any and all means necessary to collect all past, present and future amounts owed under these terms and conditions
  - May recover from the member candidate any collection fees, bank fees, court costs and reasonable attorney's fees the FPA may incur to do their collection efforts