

TEXAS PHARMACY ASSOCIATION

2018 MEMBERSHIP APPLICATION



Join online @ www.texaspharmacy.org

First Name: _____ Last Name: _____ Gender Male Female
 Email: _____ Phone: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 TSBP #: _____ NABP CE ID #: _____ Date of Birth: _____ Graduation Year: _____

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MEMBERSHIP OPTIONS

(ALL FIELDS REQUIRED IN ORDER TO SUBMIT APPLICATION)

- Pharmacist **\$195**
 Pharmacy Technician **\$50**
 Associate (Non-Pharmacist) **\$200**
 Retired Pharmacist **\$75**
 New Pharmacist Member **\$95**
 Resident **\$50**

Choose Affiliated Local Association: *(Optional)*

- | | | | | |
|---|--|---|--|---|
| <input type="radio"/> Bexar County \$20 | <input type="radio"/> Brazos Valley \$15 | <input type="radio"/> Capital Area \$30 | <input type="radio"/> Central West Texas \$10 | <input type="radio"/> Coastal Bend \$20 |
| <input type="radio"/> Dallas Area \$30 | <input type="radio"/> Denton County \$50 | <input type="radio"/> El Paso \$50 | <input type="radio"/> Greater East Texas \$20/\$10 | <input type="radio"/> Gulf Coast \$60/\$30 |
| <input type="radio"/> Houston Area \$30 | <input type="radio"/> Lake Houston \$60 | <input type="radio"/> North Houston \$60/\$30 | <input type="radio"/> Rio Grande Valley \$15 | <input type="radio"/> South Central Texas \$5 |
| <input type="radio"/> Tarrant County \$30 | | | | |

Choose Practice Setting: *To better serve TPA members we would like to add your primary practice setting to your member profile.*

Practice specific interest groups may be formed around your practice area to support a network of your peers as a resource for your needs.

- | | | | | |
|--------------------------------------|---|--|---|---|
| <input type="radio"/> Academia | <input type="radio"/> Armed Services | <input type="radio"/> Community Chain | <input type="radio"/> Community Government | <input type="radio"/> Community Independent |
| <input type="radio"/> Government | <input type="radio"/> HMO | <input type="radio"/> Home Health | <input type="radio"/> Hospital | <input type="radio"/> Hospital-Government |
| <input type="radio"/> Long term Care | <input type="radio"/> Mail Service | <input type="radio"/> Manufacturer or Wholesaler | <input type="radio"/> Nuclear | <input type="radio"/> Pharmacy Management |
| <input type="radio"/> Retired | <input type="radio"/> Sterile Pharmaceuticals | <input type="radio"/> Unemployed | <input type="radio"/> Other (Please List) _____ | |

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TOTAL DUE

TPA annual dues + optional dues for local association (if applicable)

\$ _____

Additional Opportunity to Support Texas Pharmacy: *(Optional)*

- Texas Pharmacy Foundation: \$25.00 \$50.00 \$75.00 \$100.00
 PharmPAC: \$25.00 \$50.00 \$75.00 \$100.00

Additional Donation:

\$ _____

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PAYMENT OPTIONS

CREDIT CARD:

Please charge my: Visa MasterCard American Express

Card #: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Cardholder's Name: _____ Signature: _____

Phone #: _____ Payment Type: Personal Corporate

TAX NOTE: Dues may be claimed as a business expense, but not as charitable deductions. A portion of your payments deductible as an ordinary and necessary business expense to the extent that TPA engages in lobbying (separate from PharmPAC). The non-deductible portion of your dues for 2018 is 60%. \$25 of your payment is allocated to PharmPAC, TPA's political action committee.

Check here if you **DO NOT WANT** any of your payment to go to PharmPAC. *(This election will not decrease payment amount.)*