



**Desire to Serve**  
**the International Academy of Compounding Pharmacists Foundation**

The IACP Foundation invites you to become involved in the future of compounding pharmacy by applying for a volunteer position in one or more committees. Please complete the following information for yourself or for a person you are nominating that the IACP Foundation should consider for volunteer service.

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

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I am a:

- \_\_\_\_\_ Pharmacist
- \_\_\_\_\_ New Practitioner (Year of graduation \_\_\_\_\_)
- \_\_\_\_\_ Pharmacy Technician (Year of certification, registration or start date as a technician \_\_\_\_\_)
- \_\_\_\_\_ Student Pharmacist (Year of graduation \_\_\_\_\_)
- \_\_\_\_\_ Other: \_\_\_\_\_

I am nominating:

- \_\_\_\_\_ Myself
- \_\_\_\_\_ Other \_\_\_\_\_  
(Name of Nominee)

IACP Foundation Committees:

- \_\_\_\_\_ Education
- \_\_\_\_\_ Research
- \_\_\_\_\_ Fundraising

If nominating another colleague, please provide their contact information (if different from above):

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please list your top five leadership strengths or top five of the person you are nominating.

- 1.
- 2.
- 3.
- 4.
- 5.

Please list your top five interests and hobbies or top five of the person you are nominating.

- 1.
- 2.
- 3.
- 4.
- 5.