

MEMBERSHIP ENROLLMENT FORM for New Practitioners, Residents, Post Graduates



STEP 1: Create your APhA profile

Mr. Ms. Dr. Other: _____

FIRST NAME MIDDLE INITIAL LAST NAME SUFFIX DESIGNATIONS (e.g., PharmD, RPh)

PREFERRED E-MAIL ADDRESS (REQUIRED) Providing your e-mail allows you to receive timely updates from APhA and important news and information. APhA does not sell or distribute member e-mail addresses.

HOME ADDRESS

CITY STATE ZIP

HOME PHONE MOBILE PHONE (WORK OR PERSONAL) FAX

WORK ADDRESS

CITY STATE ZIP

TITLE/POSITION JOB FUNCTION BUSINESS PHONE

COLLEGE/SCHOOL OF PHARMACY ATTENDED YEAR OF GRADUATION (REQUIRED)

PREFERRED MAILING ADDRESS: HOME WORK

STEP 2: Let us know who you are

I AM A: US New Practitioner Pharmacist Practicing for Less than 5 Years

Resident Program _____ Expected Completion _____

Postgraduate Program _____ Expected Completion _____

STEP 3: Select the Membership that's right for you

ENGAGED Membership: \$129 for 1 year \$235 for 2 years

Includes: Access to 80+ home study CPEs, publications, tools, resources, networking, and discounts.

ENGAGED PLUS Membership: \$229 for 1 year \$415 for 2 years

Includes: Everything you get as an ENGAGED Member AND Annual Meeting early bird rate extension, 5% additional discounts, added networking events, additional sessions and more.

STEP 3A: In what type of setting are you currently primarily practicing (Please select only one.)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Academia (College or School of Pharmacy) | <input type="checkbox"/> Clinic (Outpatient) Pharmacy | <input type="checkbox"/> Long-Term Care Pharmacy | <input type="checkbox"/> Pharmaceutical Industry |
| <input type="checkbox"/> Ambulatory Care Pharmacy | <input type="checkbox"/> Consultant Pharmacy | <input type="checkbox"/> Mail Service Pharmacy | <input type="checkbox"/> Physician Office-Based Pharmacy |
| <input type="checkbox"/> Association/Regulatory | <input type="checkbox"/> Currently Not Working | <input type="checkbox"/> Managed Care Pharmacy | <input type="checkbox"/> Specialty Pharmacy |
| <input type="checkbox"/> Chain Pharmacy (4+ units) | <input type="checkbox"/> Hospital/Institutional (Inpatient) Pharmacy | <input type="checkbox"/> Mass-Merchant Pharmacy | <input type="checkbox"/> Supermarket Pharmacy |
| | <input type="checkbox"/> Independent Pharmacy (1-3 units) | <input type="checkbox"/> Nuclear Pharmacy | <input type="checkbox"/> Other (specify) _____ |

STEP 4 (Required): Select your Academy Section and Special Interest Groups now

APhA has two Academies: APhA Academy of Pharmacy Practice and Management (APhA-APPM) and APhA Academy of Pharmaceutical Research and Science (APhA-APRS). As an APhA member you can choose to join both Academies, but you must designate one as your Primary Academy.

Please select the **P** for Primary Academy and/or the **S** for your Secondary Academy. P S APhA-APPM P S APhA-APRS

If you select **APhA-APPM** as your Primary or Secondary Academy, you have the option to join multiple Special Interest Groups (SIGs).

Note: APhA Election determines APhA-APPM leadership; SIG leadership is selected by SIG members at the Annual Meeting.

Special Interest Groups:

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Care of Underserved Patients | <input type="checkbox"/> Diabetes Management | <input type="checkbox"/> Medical Home/ACO | <input type="checkbox"/> Nuclear Pharmacy Practice | <input type="checkbox"/> Preceptor |
| <input type="checkbox"/> Compounding | <input type="checkbox"/> Immunizing Pharmacists | <input type="checkbox"/> Medication Management | <input type="checkbox"/> Pain, Palliative Care and Addiction | <input type="checkbox"/> Transitions of Care |

To join SIG ENGAGE communities, sign up at www.pharmacist.com/apha-appm-special-interest-groups-sigs.

If you select **APhA-APRS** as your Primary Academy, you must designate a Primary Section for voting purposes by selecting the **P** in front of the section.

Note: APhA-APRS Academy/Section leadership is determined by the APhA Election.

P S Basic Sciences P S Clinical Sciences P S Economic, Social and Administrative Sciences

STEP 5: Choose your Journal & Publication access and delivery options

Members receive full access to the *Journal of Pharmaceutical Sciences (JPharmSci)* and *Pharmacy Today*.

Members also may choose between the online or print version of the *Journal of the American Pharmacists Association (JAPhA)*.

Please select one of the following: Access **JAPhA** online only! (Go green!) OR Access **JAPhA** in print!

Not all members are eligible for all benefits. Please refer to www.pharmacist.com for a complete list of benefits by member type.

Bonus Benefits: APhA members are now eligible for a 20% discount off a subscription to *Pharmacotherapy*.

Please subscribe me to the online version of *Pharmacotherapy*, official journal of ACCP, for an additional fee of \$76 (20% off the \$95 subscription rate). Please add \$76 to the total due in Section 7.

For additional information, visit www.pharmacist.com/JoinAPhA. A portion of your dues payment is allocated to your subscription of *JAPhA* (\$25) and *Pharmacy Today* (\$14). These amounts cannot be deducted from your dues total.



STEP 6: Please donate to the APhA Foundation. Thank you!

25 USD 100 USD 500 USD Other (specify) _____
 50 USD 250 USD 1,953 USD (1953 Society)

APhA Foundation Charitable Contribution

The APhA Foundation is pharmacy's philanthropy! With your support, we design and implement innovative, patient-centered, team-based care models that improve patient's health. Your donation supports future leaders through student scholarships and promotes innovative care services through incentive grants. Thank you for giving to your profession. Donate online at www.aphafoundation.org/donate or AphAfoundation.org. Make a tax deductible contribution today. We are 501 (c) (3) charitable organization.

STEP 7: Make your dues payment

Membership Dues Amount (Based on the Membership Category) \$ _____

Optional Fees for Publications from Section 5 \$ _____

Voluntary Contribution from Section 6 \$ _____

Total Payment \$ _____

Check made payable to APhA in US dollars drawn on a US bank

Credit Card: Visa MasterCard AMEX Discover

Credit Card Number

Expiration Date

CVV

Cardholder Signature

Card Billing Address Zip Code

Auto Renewal: I want to auto-renew my membership and authorize that my credit card be charged in full prior to the start of membership each year.

Information about Auto Renew Enrollment:

You want to auto renew your membership annually and authorize that your credit card will be charged in full prior to the start of your membership each year. To cancel your auto renewal, you understand that you must notify APhA Member Services 20 days prior to your expiration date to avoid automatic renewal and payment of the next year's dues.

Monthly Installments: I want to enroll in a monthly billing plan and split my dues into 12 easy monthly payments, with my first installment charged immediately, and the remaining payments will be automatically charged to my credit card monthly. (Donations are excluded from the billing plan.)

Information about Monthly Installment Enrollment:

You want to be enrolled in a monthly billing plan (monthly payments) for your annual membership (12-month membership required). Donations and subscriptions are billed immediately and are excluded from the billing plan. The first installment will be charged now, and your credit card will continue to be charged monthly for 11 months and will automatically renew your annual membership monthly billing cycle until you cancel your membership. You must cancel 20 days prior to your expiration date to avoid automatic renewal and payment of the next month's dues. By signing up for a monthly billing plan, you are committing to full payment of your annual dues. If you cancel prior to the completion of your 12 monthly payments, you will be billed for the remaining payment in one lump sum on your credit card. Please call APhA Member Services at (800) 237-2742 X2 to update your credit card information at any time.

Submit Enrollment Form with Payment

By Mail: Send form and payment to **American Pharmacists Association, P.O. Box 931411, Atlanta, GA 31193-1411**

By Fax: Fax with credit card payment to **(844) 390-3782** to enroll.

You will receive your new member package within 2 weeks of enrollment. Questions? Please contact a Member Services Representative at 800-237-APhA (2742).

Under IRS guidelines, the full amount of your gift to the **APhA Foundation** is a deductible contribution. Contributions or gifts to **APhA** are not deductible as charitable contributions for federal tax purposes. However, dues may be deductible as an ordinary and necessary business expense. Pursuant to the Omnibus Budget Reconciliation Act of 1993, 15% of your APhA dues is attributable to nondeductible lobbying activity and is therefore not deductible under Internal Revenue Code Section 162 as an ordinary and necessary business expense. *See your personal tax advisor for additional information.*