

# Virginia Pharmacists Association Membership Application

Please Print Clearly

Name:		VA Pharmacy License Number:			
Preferred Name:		Sex:	Date of Birth:		
Address:		City:	State:	Zip Code:	
Home Phone(will not be disclosed):	Work Phone:	Fax:	E-mail Address:		
Name of Practice Site:		Practice Site Address:			
Pharmacy School:		City:	State:	Zip Code:	
Degree and Graduation Date:		Fraternity:			

## Dues Structure

Please check the box in front of your membership category and each academy and local dues if applicable

### MEMBERSHIP CATEGORY

- Joint \$295.00
- Active \$195.00
- Associate \$195.00
- Retired \$75.00
- Technician \$40.00
- First Year Practitioner/Resident \$90.00

### LOCAL ASSOCIATION DUES

*(Amount is in addition to membership dues)*

- Chesapeake Pharmacists Association \$5.00
- Peninsula Pharmacists Association \$5.00
- Potomac Pharmacists Association \$5.00
- Southwest VA Pharmacists Association \$5.00

### ACADEMY DUES

*(Amount is in addition to membership dues)*

- Academy of Technicians \$10.00
  - Academy of Consultant Pharmacists \$10.00
  - Academy of Independent Pharmacists \$20.00
  - Academy of New Practitioners No charge
- (pharmacists graduated 9 years ago or less)*

### Dues Owed Calculation

Membership \$ \_\_\_\_\_

Academy \$ \_\_\_\_\_

Local Assoc. \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

### Payment Information

***Payments may be paid in a three month plan, six month plan, or in full.***

- Check Enclosed
  - MasterCard
  - Visa
- Credit Card Number: \_\_\_\_\_
- Expiration Date: \_\_\_\_\_
- Signature: \_\_\_\_\_

### EXPLANATION OF MEMBERSHIP CATEGORIES

**Active Members** shall be those persons of good moral character who are licensed as pharmacists in Virginia or residing in Virginia and holding a valid license to practice pharmacy in another jurisdiction of the United States.

**Joint Members** shall be a husband and wife who both qualify as Active members under the provisions for Active members above. Joint members are entitled to vote and hold office.

**Retired Active Members** shall be former Active members who, having reached the age of 65 or older or having become disabled, and are no longer practicing pharmacy full-time. Retired Active members must be persons of good moral character who are or were licensed as pharmacists in Virginia or residing in Virginia and holding a valid license to practice pharmacy in another jurisdiction of the United States.

**Associate Members** shall be those persons who are of good moral character and not otherwise eligible for membership in the Association but who subscribe to the purposes and objectives of the Association.

**Technician members** shall be those persons of good moral character registered as pharmacy technicians in Virginia or residing in Virginia who hold a valid certificate from the Pharmacy Technician Certification Board, or, are working in a licensed pharmacy in Virginia as a pharmacy technician. Pharmacy Technician members are not entitled to a vote or hold office in the Association, but members of the Academy of Pharmacy Technicians are invited to vote for academy leadership.

**Virginia Pharmacists Association, 2530 Professional Road, Richmond, VA 23235 JOIN TODAY!**

**Phone: (800) 527-8742 Fax: (804) 285-4227**

*DUES ARE NOT TAX DEDUCTIBLE AS CHARITABLE, BUT MAY BE DEDUCTIBLE AS A BUSINESS EXPENSE. IT IS ESTIMATED THAT 33% OF YOUR DUES MONIES ARE USED TO DIRECTLY SUPPORT THE LOBBYING ACTIVITIES OF THE ASSOCIATION.*