

Congratulations on making a smart career choice
— joining the Georgia Pharmacy Association.



Georgia Pharmacy
ASSOCIATION

*This application is also available at **GPhA.org/join***

ABOUT YOU

Name (First Last):

Full home address:

E-mail address:

Phone: (_____) _____ - _____

This is a mobile phone

MEMBERSHIP TYPE

- Individual (\$225/yr)
- AIP Member (\$195/yr)
- Joint Spouse (\$170/yr each)
- New Grad
 - 1st year (\$225 / 3 years)
 - 2nd year (\$150 / 2 years)
 - 3rd year (\$75 / 1 year)
- Student (\$15/yr)
- Technician (\$25/yr)
- Emeritus/Retired (\$75/yr)
- Academic (non-licensed; \$25/yr)
- Academic (licensed; \$195/yr)
- Affiliate (non-licensed; \$500/yr)

PAYMENT

Check enclosed Credit card (AX, D, MC, V):

Expiration: _____ CVV: _____

Billing ZIP Code: _____



Give this form to a GPhA associate

Fax it to: (404) 237-8435

Scan and e-mail it to: membership@GPhA.org

Mail it to : The Georgia Pharmacy Association
6065 Barfield Road NE • Suite 100
Sandy Springs, GA 30328