



Georgia Pharmacy ASSOCIATION

MEMBERSHIP APPLICATION

First & Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Email address #2 (if different): _____

Cell Phone: _____ Home Phone: _____

Pharmacy School Attended: _____ Graduation Year: _____

Current Employer: _____

License # _____ NABP Profile ID: _____

Date of Birth: Mo/____ Day/____ Yr/____ Gender: _____

MEMBERSHIP CATEGORY

Membership Year is September 1 – August 31

- Licensed Pharmacist \$225/year Joint Spouse Licensed Pharmacist \$170/each/year
- AIP Licensed Pharmacist \$195/year (must belong to the Academy of Independent Pharmacy)
- Academic (Licensed) \$195/ year Academic (Non-Licensed) \$25/year Technician \$25/year
- Emeritus/Retired \$75/year Student \$15/year Affiliate (Non-Pharmacist) \$500/year
- 1st Year Graduate Licensed Pharmacist \$225 for 3 yrs. 2nd Year Graduate Licensed Pharmacist \$150 for 2 yrs.
- 3rd Year Graduate Licensed Pharmacist \$75 for 1 year

WHAT BEST DESCRIBES YOUR FIELD OF PHARMACY

- I am an independent pharmacy owner/co-owner I am a retail employee pharmacist
- I am a clinical or health system pharmacist None of the options apply to me

PAYMENT

Credit Card: AMEX Discover VISA MasterCard

Card # _____ Expiration _____ CSV _____

Name on Card _____ Billing Zip: _____

If paying by check please make it payable to: **Georgia Pharmacy Association**

FAX it to: (404) 237-8435
 Scan and email it to: membership@gpha.org
 Mail it to: The Georgia Pharmacy Association
 6065 Barfield Road, Suite 100
 Sandy Springs, GA 30328