



MEMBERSHIP APPLICATION

Full Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Date of Birth (M/D/Y): _____ Gender: _____

Cell Phone: _____ Home Phone: _____

Current Employer: _____

Pharmacy School: _____ Year Graduated: _____

License # _____ NABP Profile ID: _____

YOUR MEMBERSHIP

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 Academy of Independent Pharmacy
- 1st Year Graduate (\$225 for 3 years)
- 2nd Year Graduate (\$150 for 2 years)
- 3rd Year Graduate (\$75/year)
- Technician (\$25/year)
- Student (\$15/year)
- Emeritus/Retired (\$75/year)
- Academic (Licensed) (\$195/year)
- Academic (Non-Licensed) (\$25/year)
- Affiliate (Non-Pharmacist) (\$500/year)

HOW DID YOU HEAR ABOUT GPHA? (CHECK ONE)

- Referral
Name: _____
- Postcard (Number: _____)
- I was a former member
- I took a GPhA course or certification seminar
- At the Georgia Pharmacy Convention or a region meeting
- Through *Georgia Pharmacy* magazine
- Through GPhA Buzz e-mail
- On the GPhA website
- On Facebook
- On LinkedIn
- On Twitter

WHAT BEST DESCRIBES YOUR POSITION?

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

PAYMENT

Credit Card # _____ Expiration _____ / _____ CSV _____

Name on Card _____ Billing ZIP Code: _____

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

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, Suite 100
 Sandy Springs, GA 30328

Questions? Call us at (404) 419-8115.