



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

- Licensed Pharmacist (\$255/year)
- Joint Spouse Licensed Joint Pharmacist (\$189 each/year)
- AIP Licensed Pharmacist (\$220/year)
Must belong to Academy of Independent Pharmacy
- 1st Year Pharmacy School Graduate (\$85)
(graduated this year)
- 2nd Year Pharmacy School Graduate (\$167)
(graduated last year)
- Technician (\$32/year)
- Student (\$25/year)
- Emeritus/Retired (\$85/year)
- Academic (Licensed) (\$216/year)
- Academic (Non-Licensed) (\$32/year)
- Affiliate (Non-Pharmacist) (\$500/year)

Membership year is September 1 – August 31

HOW DID YOU HEAR ABOUT GPHA? (CHECK ONE)

- Referred by: _____
- I was a former member
- I took a GPhA course or certification seminar
- The Georgia Pharmacy Convention or a region meeting
- Georgia Pharmacy magazine
- GPhA Buzz e-mail
- GPhA website
- Social media
- Other: _____

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: _____

Yes! Please renew my membership every year!

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

FAX it to: (404) 237-8435

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

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