



**2012 MEMBERSHIP APPLICATION / RENEWAL FORM**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Preferred Communication Method- *circle one* Fax \_\_\_\_\_

Professional Title:

RPh  MS  Pharm D  PhD  CPhT  Other

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Mailing Address:  Home or  Business

Pharmacy School \_\_\_\_\_

Year Graduated \_\_\_\_\_

Preferred Contact Method  Phone  Fax  E-Mail

Recruited by \_\_\_\_\_

*Text Message Email*

**MEMBERSHIP TYPES**

- Pharmacist.....\$320.00
- Pharmacist - Joint .....\$480.00
- Pharmacist - Retired..... \$65.00
- Pharmacist - Resident .....\$65.00
- Technician .....\$25.00
- Corporate Member.....\$500.00
- Student .....\$10.00
- Associate .....\$160.00

**Optional Other Support**

- KPhA PAC Contribution \$ \_\_\_\_\_
- Kansas Pharmacy Foundation \$ \_\_\_\_\_

The Omnibus Budget Reconciliation Act of 1993 requires that we advise our members that 100% of your membership dues paid to KPhA is deductible. PAC Contributions are not deductible. This will apply when you file your taxes. Contact your tax planner for details.

**PAYMENT METHOD**

- Send me an invoice please
- Auto-Debit my savings or checking account in 12 equal payments- KPhA will contact you
- My Check is enclosed. \$ \_\_\_\_\_
- Please charge my credit card: \$ \_\_\_\_\_  
 Visa  MSTR  DSCR  AMEX
- Card # \_\_\_\_\_
- EXP Date \_\_\_\_\_ Security Code \_\_\_\_\_
- Billing Address \_\_\_\_\_
- City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
- Signature \_\_\_\_\_

**Practice Setting**

- Academia
- Certified Consultant
- Employee Pharmacist- Chain
- Employee Pharmacist Independent
- Governmental
- Home Health/ Infusion
- Health Plan/Managed Care
- Hospital
- Independent Pharmacy Owner
- Long Term care
- Pharmacy Technician
- Other

**Primary Academy**

- Managed Care / HMO /Mail Order
- Chain
- Technician
- Health-System
- Community
- Pharmacy Owner/ Managers
- Students

**Return completed form to: Kansas Pharmacists Association 1020 SW Fairlawn Rd Topeka, KS 6604**

\*Phone: 785-228-2327 \* Fax: 785-783-4525 \*e-mail: admin@ksrx.org \* www.ksrx.org