



## Committing to IPA membership is easier than ever!

### Sign your pharmacy up now for automatic annual renewal!

To take advantage of this offer fill out the form below and return it to IPA by **December 15<sup>th</sup>**.  
IPA membership will renew annually on January 1<sup>st</sup>\*.

☐ Annual  
Withdrawal

#### **Business Partner Membership**

\$300 will be processed annually on January 1<sup>st</sup> from **(check one box below)**

- ☐ Credit Card  
☐ Checking Account

**Complete necessary account information below for your payments to be processed.**

☐ Credit Card  
**Authorization for  
Automatic Withdrawal**

**Type of Card (circle one):** Visa - MasterCard - American Express - Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three Digit # \_\_\_\_\_ Four Digit # \_\_\_\_\_  
(back of card for MC/Visa) (front of card for AMX)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Checking  
Account  
**Attach Voided Check**

#### **AUTHORIZATION FOR DIRECT PAYMENT**

I authorize \_\_\_\_\_ (name) financial institution to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

On \_\_\_\_\_ (date) I authorize Iowa Pharmacy Association to initiate electronic entries to my checking account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address below.

**Iowa Pharmacy Association  
8515 Douglas Avenue, Ste 16  
Des Moines, IA 50322**

Authorized Signature: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Annual withdrawals for the renewal for your IPA Business Partner membership will continue until you choose to cancel. To cancel, please provide signed written notice to the Iowa Pharmacy Association at the address listed above. If you have any questions please contact the IPA membership department at [ipa@iarx.org](mailto:ipa@iarx.org) or (515) 270-0713.

**Please attach this form to your completed Business Partner Dues Statement or Membership Enrollment Form.**

Updated 9/16/2020