



# Committing to IPA membership is easier than ever!

## Sign up now for automatic monthly or 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>\*

### Pharmacist Membership MONTHLY Withdrawal

\$22 will be processed on the first of each month from (check one box below)

- Checking Account
- Credit Card

-OR-

### Pharmacist Membership ANNUAL Withdrawal

\$250 will be processed annually on January 1<sup>st</sup> from (check one box below)

- Checking Account
- Credit Card

**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: \_\_\_\_\_

\*Withdrawals for your IPA Pharmacist 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 Laura Miller at [lmiller@iarx.org](mailto:lmiller@iarx.org) or (515) 270-0713.

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