



Committing to IPA membership is easier than ever!

Pharmacists sign up now for automatic renewal!

To take advantage of this offer, select your automatic renewal choice and enter your account information below.
Return this form by **December 15th**. IPA membership will renew annually on January 1st.*

MONTHLY Withdrawal

☐ **ENGAGED Membership**

\$24 will be processed on the first of each month

☐ **CONNECTED Membership**

\$16 will be processed on the first of each month

-OR-

ANNUAL Withdrawal

☐ **ENGAGED Membership**

\$275 will be processed annually on January 1st

☐ **CONNECTED Membership**

\$175 will be processed annually on January 1st

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 the IPA membership department at ipa@iarx.org or (515) 270-0713.

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

Updated 9/16/2020