



# Iowa Pharmacy Association MEMBERSHIP ENROLLMENT FORM

Business Partner Membership

License #: \_\_\_\_\_  
 Pharmacy Name: \_\_\_\_\_  
 Pharmacy Owner: \_\_\_\_\_  
 Pharmacist in Charge: \_\_\_\_\_  
 Number of pharmacists on staff \_\_\_\_\_ Number of technicians on staff: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Preferred Email Address: \_\_\_\_\_  
 NPI Number: \_\_\_\_\_ NCPDP Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_  
 Primary Wholesaler: \_\_\_\_\_ 2nd Wholesaler: \_\_\_\_\_

**Primary Practice Type:** *(please check all that apply)*

- Academia
- Ambulatory
- Community Chain
- Community Independent
- Home Health/Home Fusion
- Hospital
- Long Term
- Managed Care
- Nuclear
- Pharmacy Industry
- Other: \_\_\_\_\_

**Professional Services:**

- MTM
- Immunization
- EcoReturns
- Collaborative Practice
- 340B
- Other: \_\_\_\_\_

**Membership Dues:**

Business Partner Membership\* - \$275  
 Iowa Pharmacy Foundation (optional) - \$75  
 Processing Fee (waived if completed online - www.iarx.org) - \$15

**Total Due:** \_\_\_\_\_

Complimentary Law Manual Format:  Hard Copy (Paper)  Electronic (CD/ROM)

**Payment Options:**

Check  Mastercard  Visa  American Express  Discover

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

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Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Cardholder's City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_  Check if address is the same as above

Please Return this form to: Iowa Pharmacy Association  
 8515 Douglas Avenue, Suite 16  
 Des Moines, IA 50322  
 (P) 515.270.0713 (F) 515.270.2979 • www.iarx.org

For office use only:  
 A101-3001-000 @ \_\_\_\_\_  
 A000-2301-000 @ \_\_\_\_\_  
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