IOWA PHARMACY ASSOCIATION

NEW MEMBER ENROLLMENT

Business Partner Membership

Pharmacy License #:______________________________NPI Number:__________________________
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:____
Primary Wholesaler:________________________2nd Wholesaler: ____________________________

Primary Practice Type:

- ☐ Academia
- ☐ Ambulatory
- ☐ Community Chain
- ☐ Community Independent
- ☐ Home Health/Infusion
- ☐ Hospital
- ☐ Long Term
- ☐ Managed Care
- ☐ Nuclear
- ☐ Pharmacy Industry
- ☐ Tele-Pharmacy
- ☐ Other:________________

Membership Dues:

☐ Business Partner Membership | $315 *(includes processing fee)*

☐ Iowa Pharmacy Foundation Contribution | $75 *(optional)*

Total Due: $____________

Payment Options: Check ☐ Mastercard ☐ Visa ☐ Am Ex ☐ Discover ☐

Credit Card Number: ____
Exp. Date:__________________________Verification #(last 3 digits on the back of the card): ____________
Cardholder's Name: ____
Cardholder's Address: ____
Cardholder's City/State/Zip: ____
Signature: ____ ☐ Address same as above

Please Return this form to: Iowa Pharmacy Association
2570 106th St, Suite D
Urbandale, IA 50322
(P) 515.270.0713 (F) 515.270.2979 • **www.iarx.org**

For office use only:
A101-3001-001 @ ______________
A000-2301-000 @ ______________
Ck#__________Date ______________