



Iowa Pharmacy Association MEMBERSHIP ENROLLMENT FORM

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:

- | | |
|--|--|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Long Term |
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Managed Care |
| <input type="checkbox"/> Community Chain | <input type="checkbox"/> Nuclear |
| <input type="checkbox"/> Community Independent | <input type="checkbox"/> Pharmacy Industry |
| <input type="checkbox"/> Home Health/Home Infusion | <input type="checkbox"/> Tele-Pharmacy |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other: _____ |

Professional Services:

(check all that apply):

- | |
|---|
| <input type="checkbox"/> MTM |
| <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Collaborative Practice |
| <input type="checkbox"/> 340B |
| <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ |

Membership Dues:

- ☐ Business Partner Membership | \$300
- ☐ Iowa Pharmacy Foundation Contribution (optional) | \$75

+ Processing Fee | \$15

(waived if completed online)

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: _____ ☐ 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:

A101-3001-001 @ _____

A000-2301-000 @ _____

Ck# _____ Date _____