



# Iowa Pharmacy Association NEW MEMBERSHIP ENROLLMENT FORM

Pharmacist • Associate • Technician

First Name: \_\_\_\_\_ Preferred: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work City/State/Zip: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Preferred Mailing Address:  Home  Work  Do not include me in directory  
 License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 College of Pharmacy Attended: \_\_\_\_\_  
 Graduation Year: \_\_\_\_\_ Degrees/Designations: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

### Employment Status:

- Pharmacist
- Resident
- Technician
- Student
- Retired
- Other: \_\_\_\_\_

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

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

### Membership Dues: *All dues listed include processing fee which is waived when self-enrolling online at [www.iarx.org/join\\_renew](http://www.iarx.org/join_renew)*

- |   |   |
|---|---|
| <input type="checkbox"/> Engaged Pharmacist   \$285   | <input type="checkbox"/> Associate Member   \$285                         |
| <input type="checkbox"/> Connected Pharmacist   \$185 | <input type="checkbox"/> Technician Member   \$70                         |
| <input type="checkbox"/> Informed Pharmacist   Free   | <input type="checkbox"/> IPA Foundation Donation   \$75 <i>(optional)</i> |

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 home address

Please Return this form to: Iowa Pharmacy Association  
 2570 106<sup>th</sup> St, Ste D  
 Urbandale, IA 50322  
 (P) 515.270.0713 (F) 515.270.2979 • [www.iarx.org](http://www.iarx.org)

For office use only:  
 A101-3001-000 @ \_\_\_\_\_  
 A000-2301-000 @ \_\_\_\_\_  
 A101-3002-000 @ \_\_\_\_\_  
 Ck# \_\_\_\_\_ Date \_\_\_\_\_