IOWA PHARMACY ASSOCIATION

Iowa Pharmacy Association
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:

Pharmacist:
- ☐ Engaged | $275
- ☐ Connected | $175
- ☐ Informed | *Free*

- ☐ Associate | $275
- ☐ Technician | $65

+ Processing Fee *(waived if completed online)*:
- ☐ Pharmacist/Associate | $10
- ☐ Technician | $5

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

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
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 @ _____
A101-3002-000 @ _____
Ck#_____ Date _____