



# Iowa Pharmacy Association MEMBERSHIP ENROLLMENT FORM

Pharmacist • Retired • Resident • Associate • Technician

License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
 College of Pharmacy Attended: \_\_\_\_\_  
 Graduation Date: \_\_\_\_\_ Degrees/Designations: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 Work City/State/Zip: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Work Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Preferred Mailing Address:  Home  Work  Do not include me in directory  
 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 Fusion
- Hospital
- Long Term
- Managed Care
- Nuclear
- Pharmacy Industry
- Other: \_\_\_\_\_

### Membership Dues:

- Pharmacist - \$250  Retired - \$100  Resident - \$125  Technician - \$65  Associate - \$250
- 1st Time Pharmacist Member - \$125

Processing Fee (Waived if completed online - [www.iarx.org](http://www.iarx.org)) - \$10 (\$5 for Technician)

Iowa Pharmacy Foundation Contribution\*\* - \$75

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

*\*\*Contributions to the Iowa Pharmacy Foundation are optional.*

**Payment Options:**  Check  Mastercard  Visa  American Express  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](http://www.iarx.org)

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