



# Florida Pharmacy Association

## Membership Application

Florida Pharmacy Association, 610 N. Adams Street, Tallahassee, FL 32301  
(850) 222-2400 - (850) 561-6758 Fax - [fpa@pharmview.com](mailto:fpa@pharmview.com)

Name \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Florida License Number \_\_\_\_\_

Consultant License Number \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

pharmacy school \_\_\_\_\_ degree \_\_\_\_\_ year \_\_\_\_\_

Birthdate \_\_\_\_\_

Sponsor \_\_\_\_\_

Name of Spouse if a member of the FPA:  
\_\_\_\_\_

Local Association \_\_\_\_\_

### Membership Categories:

- Regular Membership **\$195\***
- Associate Membership **\$195\***
- Joint with Spouse Membership **\$97.50\***  
(for those whose spouse is a member)
- Retired Membership **\$97.50**
- Recent Graduate Membership **\$97.50\***
- Graduate Student Membership **\$20**
- Technician Membership **\$30\***
- Student Membership **\$5\***

\*Dues include membership in **one** APP Section.  
Dues are \$10.00 per section for other membership categories and for each additional section.

### Practice Setting:

- Academic
- Governmental
- Hospital
- Nuclear
- Consulting Only
- Other
- Chain
- HMO
- Home Health
- Independent

### Optional Association Support

- Membership Plus** \$100
- \$\_\_\_\_\_ Contribution to **FL Pharm PACCE**
- \$\_\_\_\_\_ Contribution to **Florida Pharmacy Foundation**

Check Enclosed Total Amount \$\_\_\_\_\_

VISA  MasterCard  Discover  AMEX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please automatically renew my membership next year and bill my credit card.

Per IRS Code, an estimated 27% of your dues are allocated to lobbying or political action and are not deductible as a business expense.

Please **do not** send me the STAT NEWS by email/fax. The STAT NEWS will be sent automatically unless this box is checked.