



# Alaska Pharmacists Association

## Business Memberships

Please consider becoming a Business Member of the Alaska Pharmacists Association (AKPhA). We are the largest volunteer non-profit membership organization of pharmacists, technicians and students in Alaska. Our mission is to preserve, promote and lead the profession of pharmacy in our state.

### *Pharmacy Advocate*

Government affects so many areas of pharmacy, including licensing requirements, relationships with patients, reimbursements and much more. AKPhA is here to make a difference. Communicating the value of what pharmacists provide to patients and the health care system has never been more important. In these challenging times, pharmacists must speak and act with a strong, clear voice to agencies whose decisions have a direct impact on the profession. Members are invited to join us during our annual February Legislative Fly-In to develop relationships with key opinion leaders. Our lobbyist can also help arrange meetings with legislators anytime members are in Juneau.

### **Business Membership Benefits**

**\$300**

Business name on front page of AKPhA website with business website link

One Pharmacist Membership

Quarterly Print Newsletter

Classified Advertising/Job Postings at Member Rates

Continuing Pharmacy Education Opportunities (Live and Home Study)

Email Updates

Legislative Representation

Professional Networking/Liaison with other Alaska health care organizations, national pharmacy organizations, the Alaska Board of Pharmacy and the UAA/ISU Doctor of Pharmacy Program

### **MEMBERSHIP APPLICATION/RENEWAL**

**Memberships are valid January 1 – December 31.** Dues and contributions are not deductible for income tax purposes, but may be deductible as ordinary business expenses, subject to IRS restrictions. AKPhA estimates that 50% of your dues dollar is non-deductible because of AKPhA's lobbying activities on behalf of its members.

AKPhA TAX ID 92-0079020

Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

Contact Name for Pharmacist Membership \_\_\_\_\_

**Credit Card Payment**—Also available online at [www.alaskapharmacy.org](http://www.alaskapharmacy.org)

VS/MC/AMEX# \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Checks can be made payable to AKPhA and mailed to the address below.**

**E-mail: [akphrmy@alaska.net](mailto:akphrmy@alaska.net)**

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