



**ALASKA PHARMACISTS ASSOCIATION
MEMBERSHIP APPLICATION/RENEWAL**

Full Name _____ DOB: _____ NABP e-profile ID _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____

Work Address _____ City _____ State _____ Zip _____

Home/Cell phone _____ Work phone _____ Fax _____

AK Driver's License # _____ Email _____

MEMBER SERVICES

Continuing Pharmacy Education—AKPhA offers Continuing Pharmacy Education during our Annual Convention and other local programs (Live and Home Study) throughout the year.



AKPhA is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Inter-Professional Communication—Pharmacy issues in Alaska are published in our quarterly print newsletter and sent to members via e-mail updates.

Legislative Representation—A professional lobbyist is retained to represent the interests of pharmacy in Alaska, and members can participate in our annual Legislative Fly-In to Juneau.

Professional Networking—Working relationships are developed and maintained with other Alaska health care providers.

PARTICIPATE ON A COMMITTEE

Please indicate if you are interested in participating with one or more of the following committees:

- | | | |
|---|---|---|
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Convention |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Community Affairs | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Technician Committee | <input type="checkbox"/> Awards/Nominations | <input type="checkbox"/> UAA/Academic |

MEMBERSHIP FEES

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.

Pharmacist	\$ 225.00	_____
Pharmacist, 1st year graduate	\$ 125.00	_____
Associate Member	\$ 150.00	_____
Pharmacy Technician	\$ 50.00	_____
Pharmacy Student	\$ 25.00	_____
Business Membership	\$ 300.00	_____
Donation (Legislative/Scholarship)		_____
	TOTAL \$	_____

Make me an AKPhA Academy of Health-System Pharmacy Member \$25.00 Pharmacist
\$10.00 Student/Tech
Must be a current member of AKPhA

Credit Card Payment—

Also available online at www.alaskapharmacy.org

One Time Only Charge
 Auto renew me every year by charging my credit card.
Effective _____, I authorize AKPhA to renew my annual membership and to bill the credit card each year until I notify AKPhA otherwise.

VS/MC/AMEX# _____
Exp Date _____ Security Code _____

Signature _____

Please make checks payable and mail with form to AKPhA
203 West 15th Avenue, Ste 100, Anchorage, AK 99501

PHONE: 907-563-8880, FAX: 907-563-7880
akphrmcv@alaska.net