

WVPA MEMBERSHIP ENROLLMENT

West Virginia Pharmacists Association, 2016 1/2 Kanawha Blvd., East, Charleston, WV 25311

Tel: 304-344-5302

FAX: 304-344-5316

Email: wvrds@aol.com

Web: wvpharmacy.org

Name: _____ Female ____ Male ____
(Print first name, initial and last name)

Address: _____
(Street or PO Box) (City) (State/Zip)

Tel: (____) _____ FAX: (____) _____

Email: _____

Pharmacy/company: _____ Tel: (____) _____

Position: _____ WV License # _____ Birth date: ____/____/____

Pharmacy school: _____ Year of Graduation: ____ Degree: _____

MEMBERSHIP CLASSIFICATIONS AND DUES

ACTIVE MEMBER: Pharmacist who is a graduate of an accredited college/school of pharmacy and licensed by the WV Board of Pharmacy. Annual membership dues - \$175.00

RETIRED PHARMACIST MEMBER: Pharmacist who practices less than 10 hours per week and is committed to the principles and objectives of WVPA. Annual membership dues - \$50.00

STUDENT MEMBER: An individual enrolled as a student in an accredited college/school of pharmacy. Annual membership dues - \$10.00

PHARMACY TECHNICIAN MEMBER: An individual other than a pharmacist who serves as a technician under the supervision of a pharmacist. Annual membership dues - \$35.00

Check below Section of Academy of Pharmacy Practice in which you wish to be a member. Membership in one Section is included in membership dues. Additional Sections are \$25 each.

____ Community Practice: Owners or managers of community or other outpatient pharmacy.

____ Employee Practice: Pharmacist employed and practicing in community or other outpatient pharmacy.

____ Institutional Practice: Pharmacist practicing in hospital or other inpatient setting.

Optional Support

I wish to make an additional contribution to support the efforts of WVPA. \$25 \$50 \$75 \$100 Other _____

\$ _____ Check enclosed payable to WVPA.....or..... charge my _____ Visa _____ MasterCard credit card

Account #: _____ Expiration date: ____/____

Signature: _____ Date: _____