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:

_____Legislative	_____Scholarship	_____Convention
_____Membership	_____Community Affairs	_____Continuing Education
_____Technician Committee	_____Awards/Nominations	_____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 45% 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 (non-voting)	$ 300.00	_____
Corporate Membership (non-voting)	$1,500.00	_____
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
akphrmcy@alaska.net