

Massachusetts Pharmacists Association  
500 West Cummings Park  
Suite 3475  
Woburn, MA 01801  
Phone: (781) 933-1107  
Fax: (781) 933-1109



## NEW MEMBER/MEMBER RENEWAL FORM

FULL NAME: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

PREFERRED EMAIL ADDRESS: \_\_\_\_\_

MEMBER ID# (IF RENEWING): \_\_\_\_\_

### MEMBERSHIP CATEGORY:

- |  |       |
|--|-------|
| <input type="checkbox"/> REGISTERED PHARMACISTS                | \$150 |
| <input type="checkbox"/> NON-PHARMACISTS ASSOCIATE             | \$150 |
| <input type="checkbox"/> RETIREE                               | \$60  |
| <input type="checkbox"/> NEW PRACTITIONER (1ST YEAR GRADUATES) | \$50  |
| <input type="checkbox"/> PHARMACY TECHNICIAN                   | \$50  |
| <input type="checkbox"/> RESIDENTS & FELLOWS                   | \$50  |
| <input type="checkbox"/> PHARMACY STUDENTS (UNDERGRADUATES)    | FREE  |

I would like to donate \$15.00 to the MPhA Foundation. The Foundation is a 501(c)(3) charitable organization. Contributions are tax deductible as a charitable contribution. Federal Employer I.D. #57-1177518. To learn more about the mission and work of the Foundation visit [www.masspharmacists.org](http://www.masspharmacists.org).

Total: \_\_\_\_\_

### PRACTICE SETTING

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Academic                  | <input type="checkbox"/> Independent  | <input type="checkbox"/> Sign me up for the MPhA Academy associated with my practice setting.<br>For more information about Academies visit <a href="http://www.masspharmacists.org">www.masspharmacists.org</a> |
| <input type="checkbox"/> Chain                     | <input type="checkbox"/> Industry     |  |
| <input type="checkbox"/> Consultant/Long Term Care | <input type="checkbox"/> Managed Care |  |
| <input type="checkbox"/> Hospital                  | <input type="checkbox"/> Other _____  |  |
|  |                                       |  |

### PAYMENT METHOD:

- Check enclosed  Visa  Master Card  American Express  
Make payable to: **MPhA**

CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

YOUR SIGNATURE (REQUIRED FOR CREDIT CARD) \_\_\_\_\_

Mail to: MPhA Phone: (781) 933-1107  
500 West Cummings Park, Fax: (781) 933-1109  
Suite 3475  
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*Pursuant to the Omnibus Reconciliation Act of 1993, 21% of dues is attributable to nondeductible lobbying activity and is therefore not deductible under Internal Revenue Code Section 162 as an ordinary and necessary business expense. This amount is typically calculated to include 21% of your dues payment. Also, payments to MPhA are not deductible as charitable contributions for Federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.*

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Paid \_\_\_\_\_

Payment Type \_\_\_\_\_