

# The DuPage Pharmacists Association MEMBERSHIP APPLICATION

NO CHANGES TO MEMBER PROFILE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_  
CIRCLE ONE:    **PHARMACIST**    **TECHNICIAN**    **PHARMACY STUDENT**    **FEE**    \$  
**70.00**            **\$ 45.00**            **\$ 10.00** If active IPhA member: \$ 50.00            \$ 25.00  
IPhA member # \_\_\_\_\_ NAPB ID # \_\_\_\_\_  
State license # \_\_\_\_\_ **(REQUIRED)**

**PHARMACY STUDENTS** School/Graduation date \_\_\_\_\_  
**\*E-mail** \_\_\_\_\_ please print clearly\* **ADVANCE PROGRAM NOTIFICATION**  
**IS BY E-MAIL**    HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
\_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_  
CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PRACTICE SITE \_\_\_\_\_

\_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
\_\_\_\_\_

Paid memberships through August 31st of each year

**Send Checks to:** DuPage Pharmacists Association  
PO Box 122  
Mount Prospect, IL 60056