The DuPage Pharmacists Association
Dupagepharmacists.org

MEMBERSHIP APPLICATION

NO CHANGES TO MEMBER PROFILE:  

LAST NAME _________________________   FIRST NAME___________________________

CIRCLE ONE:  PHARMACIST  TECHNICIAN  PHARMACY STUDENT

FEE  PHARMACIST $75.00  TECHNICIAN $50.00  PHARMACY STUDENT $25.00

If active IPHA member:  

IPHA member # _________________________ NABP e-Profile # _________________________

IDFPR State license # _________________________ (REQUIRED)

PHARMACY STUDENTS  School/Graduation date _______________________________

*Email __________________________ please print clearly

*ADVANCE PROGRAM NOTIFICATION IS BY EMAIL

HOME TELEPHONE ________________________________

CELL PHONE ________________________________

HOME ADDRESS ________________________________

CITY, STATE __________________________ ZIP CODE ____________

PRACTICE SITE ________________________________

ADDRESS ________________________________

TELEPHONE ________________________________

Paid memberships through August 31st of each year. New members after 3/31 will be active for the entire annual term.

Send checks to:  DuPage Pharmacists Association (DPA)
c/o Richard Puccetti
PO BOX 122
Mt. Prospect, IL 60056

OR pay online at: www.dupagepharmacists.org