

# The DuPage Pharmacists Association

Dupagepharmacists.org

## MEMBERSHIP APPLICATION

NO CHANGES TO MEMBER PROFILE:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

CIRCLE ONE:	PHARMACIST	TECHNICIAN	PHARMACY STUDENT
FEE	\$75.00	\$50.00	\$25.00
If active IPHA member:	\$55.00	\$30.00	

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 31<sup>st</sup> 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](http://www.dupagepharmacists.org)**