

new graduate membership application

Please update my contact information:

Personal Information

First _____ M.I. ____ Last _____

Title/Position _____

Company/Pharmacy _____

Gender: M F

Credentials: PharmD RPh PhD JD MBA MPH BS
 Other _____

License/Intern # _____ Birthdate (month/date/year) ____/____/____

Email Address _____

Permanent Address

Street _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell Home Work

Other Information

Pharmacy School _____

Graduation Year _____ Recruited by _____

I'd like to renew now and receive an extension of membership (until December 2019) and a free CPhA lapel pin!

Membership Dues

(Membership also includes dues for one CPhA Local Association based on zip code)

New Graduate Pharmacist

- 1st Year Post Graduate: \$90
- 2nd Year Post Graduate: \$210
- 3rd Year Post Graduate: \$300

Special Interest Group (SIG) Membership *(free - select all that apply)*

- Ambulatory Care SIG
- Long Term Care SIG
- Compounding SIG
- Managed Care SIG
- Community Pharmacy SIG
- Pharmacy Ownership SIG
- Inpatient Care SIG
- Pharmacy Technician SIG

Contributions

- CPh-PAC (Political Action Committee) \$ _____
- Pharmacy Defense Fund of California (PDFC) \$ _____

Charitable Contributions

- Don & June Salvatori California Pharmacy Museum \$ _____
- Pharmacy Foundation of California \$ _____

Renew now to receive an extension of membership* and a free lapel pin!
*until December 2019

On behalf of the California Pharmacists Association (CPhA), congratulations on graduating from pharmacy school! This is a tremendous accomplishment and there is no better way to start your successful career as a pharmacist than with a professional membership in CPhA.

Demographic Information

1. Which of the following best describes your job function? *(check one)*

- Academic Faculty/Staff
- Case Manager
- Clinical Pharmacist
- Marketing/Sales
- Not Employed
- Pharmacy Director
- Pharmacy Manager
- Pharmacy Owner
- Pharmacy Technician
- Network Manager
- President/CEO
- Resident/Fellow
- Retired
- Staff/Operations Pharmacist
- Student Pharmacist
- Other: _____

2. Which of the following best describes your primary employment setting? *(check one)*

- Community Chain Drug
- Community Chain Grocery
- Independent Community
- In-patient Hospital
- Mail Order/Central Fill
- Managed Care
- Non-Profit Org./Agency
- Out-patient Hospital
- Pharmaceutical Industry
- University/Research Institution
- Other: _____

Payment Options

Total Payment: \$ _____

- Check made payable to CPhA
- Charge my credit card (Visa, Mastercard, AmEx, Discover)

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____



Send Application to:

California Pharmacists Association
4030 Lennane Dr., Sacramento, CA 95834
Email: abaker@cpha.com • Fax: (916) 779-1401
www.cpha.com/membership