

CORPORATE AFFILIATE MEMBERSHIP

West Virginia Pharmacists Association

2016 ½ Kanawha Blvd., East, Charleston, WV 25311

Telephone: (304) 344-5302 FAX: (304) 344-5316 Email: WVRDS@AOL.COM

Corporate Affiliate Membership is available to commercial entities and other for-profit entities and/or organizations who support the principles and objectives of the West Virginia Pharmacists Association, its membership and the profession of pharmacy. This Membership classification extends all rights and privileges of membership except those of voting for officers and policies adopted by this Association.

Corporation Name: _____

Mailing address: _____

(City)

(State)

(Zip)

Name and title of corporate officer or other individual to represent the above corporation:

(Name)

(Title)

Telephone: (_____) _____ FAX: (_____) _____

Email: _____

Brief description of services/products provided pharmacists/pharmacies:

Annual dues: \$350 January 1 - December 31 of each year. Check enclosed for \$ _____

OR

Charge _____ Visa or _____ MasterCard Account # _____

Signed: _____ Exp. Date: _____

**Dues payable to: West Virginia Pharmacists Association
2016 ½ Kanawha Blvd., East
Charleston, WV 25311**