

PHARMACIST MEMBERSHIP ENROLLMENT

West Virginia Pharmacists Association, 2016 1/2 Kanawha Blvd., East, Charleston, WV 25311
Tel: (304) 344-5302 FAX: (304) 344-5316 E-mail: WVRDS@AOL.COM

Name: _____ Female _____ Male _____
(Please print first name, initial and last name)

Mailing Address: _____
(Street or PO Box)

_____ (City) _____ (State) _____ (Zip)

Tel (_____) _____ FAX (_____) _____

E-mail: _____

Pharmacy or Company: _____

Position: _____ WV License No: _____

Pharmacy School: _____

Year of Graduation: _____ Degree(s) Earned: _____ Date of Birth: _____
(Mo - Date - Yr)

PLEASE SELECT MEMBERSHIP CLASS:

PARTICIPATING MEMBER: A pharmacist who is a graduate of an accredited college or school of pharmacy and licensed by WV Board of Pharmacy. Annual dues - \$125 Due January 1 of each year.

OR

SUSTAINING MEMBER: A pharmacist who is a graduate of an accredited college or school of pharmacy, licensed by WV Board of Pharmacy, and wishes to make an additional commitment to the principles and objectives of WVPA. Annual dues - \$175 Due January 1 of each year.

AND

Check below Section of Academy of Pharmacy Practice in which you wish to be a member. Membership in one Section is included in dues. Additional Sections are \$25 each.

_____ Community Practice: Owners or managers of community or other outpatient pharmacy.

_____ Employee Practice: Pharmacists practicing in community or other outpatient pharmacy.

_____ Consultant Practice: Pharmacists practicing in a consultant capacity.

_____ Institutional Practice: Pharmacists practicing in hospital or other inpatient facility.

\$ _____ check payable to WVPA. Or, charge my _____ Visa _____ MasterCard credit card

Account No. _____ Expiration Date: _____

Signature: _____ Date: _____