

# PHARMACY TECHNICIAN 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: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or PO Box)  
\_\_\_\_\_  
(City) (State) (Zip)

Type of pharmacy: Independent \_\_\_\_\_ Chain \_\_\_\_\_ Hospital \_\_\_\_\_ Other \_\_\_\_\_

\$35.00 Annual Membership Dues - Payable January 1 of each year.

\$\_\_\_\_\_ check payable to WVPA. Or, charge my Visa \_\_\_\_\_ or MasterCard \_\_\_\_\_

Account # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_