

2007– 2008 Membership Application

JOIN THE OREGON STATE PHARMACY ASSOCIATION
and assist us in our efforts to advance the pharmacy profession!



Our Mission: The purpose of the Oregon State Pharmacy Association is to enhance the pharmacy profession by assisting every practitioner in achieving the highest level of patient care, and increasing awareness of pharmacy practitioners' contributions and capabilities to the public, legislators, and other policy makers charged with overseeing the general welfare.



OSPA offers members networking opportunities.

The Oregon Pharmacy Association (OSPA) is a membership organization of professional pharmacists, technicians, students, and others who have an active interest in the practice of pharmacy.

- Becoming an OSPA member provides you with opportunities for personal and professional growth.
- OSPA focuses on providing quality services to all pharmacists and pharmacy technicians in all practice settings.
- OSPA offers ongoing Continuing Education (CE) and advanced practice programs.
- OSPA members receive discounted enrollment in Continuing Education Classes and the Annual Convention. Our newsletters keep the pharmacy professional up to date on issues that affect our profession.
- Our mission is to provide practicing and aspiring pharmacists and technicians with timely information on the latest development and trends that affect the profession, both locally and nationally.
- Members are given the opportunity to demonstrate their support of the advancement and recognition of the pharmacy profession statewide.
- OSPA aggressively advocates on behalf of the pharmacy profession before the State Legislature, State Agencies, Congress, and other healthcare stakeholders.

By joining the association today, you can work with us to meet the opportunities and challenges facing the pharmacy profession tomorrow.

OREGON STATE PHARMACY ASSOCIATION

2007– 2008 Membership Application

Please complete this entire application and return this form to the OSPA office along with your payment. Quarterly payment options are available. Contact OSPA at (503) 582-9055 for details. **Fields marked with an asterisk indicate required information.**



Office Use Only

- WS
- EX
- I
- DB
- QB
- R

*FIRST AND LAST NAME

*DEGREE/TITLE/GRADUATION YEAR

*PHARMACY NAME

*PHARMACY STREET ADDRESS

*CITY, STATE, AND ZIP CODE

*HOME STREET ADDRESS

*CITY, STATE, AND ZIP CODE

*COUNTY OF RESIDENCE

*COUNTY WHERE EMPLOYED

*FAX NUMBER

*E-MAIL ADDRESS

*WORK PHONE

*HOME PHONE

*PREFERRED MAILING ADDRESS Home Office

PAYMENT INFORMATION

Check Enclosed
Please Make Payable to OSPA

- American Express
- Discover
- Master Card
- VISA

*CREDIT CARD NUMBER

*EXPIRATION DATE

*SIGNATURE (REQUIRED FOR PAYMENT)

*BILLING ADDRESS AND ZIP CODE

*Choose from the Following Practice Settings. Check all that Apply to Your Situation.

- Chain Management
- Chain Employee
- Clinical Pharmacist
- Education
- Hospital/Health System
- Independent Owner
- Independent Employee
- Long-Term Care/Consultant
- Pharmacy Manager
- Professional Representative
- Relief
- Retired
- Student
- Other

*Indicate Your Annual Dues Category from the Following:

Non-Pharmacist Memberships

- Associate Member: **\$204**
- Technician Membership: **\$35**
- Pharmacy Student: **\$15**

Pharmacist Memberships

- First-Year Practitioner: **\$0**
- 1st Time Member: **\$133.25**
- 2nd Year Practitioner: **\$141**
- 3rd + Year Member: **\$204**
- Retired Pharmacist: **\$89.25**
- Family Membership: **\$350**

Mail this application
and payment to OSPA at
29702-B SW Town Center Loop West
Wilsonville, Oregon 97070