



OREGON STATE
PHARMACY ASSOCIATION

MEMBERSHIP APPLICATION

Please complete the following application, and return it with your annual dues payment made payable to OSPA. Dues are based on each individual's anniversary year.

Please check those that apply:

Mr. Ms. Mrs. Designations _____

Name *Title*

Pharmacy/Company

Company Address

City *State* *Zip*

Telephone *Fax*

Preferred E-mail

Web Address

Home Address

City *State* *Zip*

Telephone *Fax*

(Pharmacists Only) Graduation Year *License #* *Year Licensed*

Please send Mailings to: Work Address Home Address

Sponsor (referred by) _____

Oregon State Pharmacy Association
147 SE 102nd Ave. Portland, OR 97216
Phone 503.582.9055 • Fax 503.253.9172
www.oregonpharmacy.org

OSPA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. OSPA estimates that 30% of your dues are not deductible because of OSPA's lobbying activities on behalf of its members.

Please complete both sides

I WISH TO ENROLL AS:

Membership Categories

Please complete this entire application and return this form to the OSPA office along with your payment.

***** = *Required information.*

***Membership Types** (Please check one)

Pharmacist Member\$204.00

† = *Discounted dues as reflected below.*

First-Year Practitioner[†]Free

1st Time Member[†]\$133.25

2nd Year Practitioner[†]\$141.00

Retired Pharmacist[†]\$89.25

Family Membership (Spouse Only)[†]\$350.00

Name of Spouse: _____

Associate Member\$204.00

Technician Membership\$50.00

Pharmacy Student\$15.00

School Enrolled In _____

***Choose your primary practice setting:**

Mail Order

Long-Term Care/Consultant

Chain Management

Pharmacy Manager

Chain Employee

Professional Representative

Clinical Pharmacist

Relief

Education

Retired

Hospital/Health System

Student

Independent Owner

Government

Independent Employee

Other

I'm interested in participating in the following committee; please have a member contact me:

Continuing Education

Annual Convention

Newsletter

Technician

Membership

Lane County CE Seminar

Legislative

Method of Payment

Check

Visa

MC

AMEX

In U.S. funds

Credit Card #

\$ Amount Authorized

Expiration Date

Name on Card

Billing Address

Signature

Please complete both sides