

→ membership application

On behalf of the California Pharmacists Association (CPhA), welcome to the profession! This is an exciting time in pharmacy and there is no better way to prepare than with a professional membership in CPhA.

Personal Information

First _____ M.I. ____ Last _____

Title/Position _____

Are you: M F

Credentials: PharmD RPh PhD JD MBA MPH BS

Other _____

License/Intern # _____ Birthdate (month/date/year) ____ / ____ / ____

Email Address _____

Permanent Address

Street _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell Home Work

Other Information

Pharmacy School _____

Graduation Year _____ Recruited by _____

Membership Dues

(Membership also includes dues for one CPhA Local Association based on zip code)

Pharmacist: \$390

New Graduate Pharmacist

1st Year Post Graduate: \$90

2nd Year Post Graduate: \$210

3rd Year Post Graduate: \$300

Joint Membership (Pharmacist with full member pharmacist spouse): \$250

Retired Pharmacist (Board of Trustees approval required): \$225

Student Pharmacist (Assigned to Academy of Student Pharmacists): \$30

Pharmacy Technician

Registered Technician: \$125

Student Technician: \$30

Associate (Individuals who are not pharmacists or technicians): \$225

Special Interest Group (SIG) Membership (free - select all that apply)

Compounding SIG

Managed Care SIG

Community Pharmacy SIG

Inpatient Care SIG

Ambulatory Care SIG

Pharmacy Ownership SIG

Long Term Care SIG

Pharmacy Technician SIG

Contributions

CPh-PAC (Political Action Committee) \$ _____

Pharmacy Defense Fund of California (PDFC) \$ _____

Charitable Contributions

Don & June Salvatori California Pharmacy Museum \$ _____

Pharmacy Foundation of California \$ _____

Demographic Information

1. Which of the following best describes your job function? (check one)

Academic Faculty/Staff

Case Manager

Clinical Pharmacist

Marketing/Sales

Not Employed

Pharmacy Director

Pharmacy Manager

Pharmacy Owner

Pharmacy Technician

Network Manager

President/CEO

Resident/Fellow

Retired

Staff/Operations Pharmacist

Student Pharmacist

Other: _____

2. Which of the following best describes your primary employment setting? (check one)

Community Chain Drug

Community Chain Grocery

Independent Community

In-patient Hospital

Mail Order/Central Fill

Managed Care

Non-Profit Org./Agency

Out-patient Hospital

Pharmaceutical Industry

University/Research Institution

Other: _____

Payment Options

Total Payment: \$ _____

Check made payable to CPhA

Charge my credit card (Visa, Mastercard, AmEx, Discover)

Card Number _____

Expiration Date _____ Security Code _____

Name on Card _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____



Send Application to:

California Pharmacists Association

4030 Lennane Dr., Sacramento, CA 95834

Email: abaker@cpha.com

Fax: (916) 779-1401