

ONLINE
www.pharmacytechnician.org
PHONE
888-247-8700
FAX
281-895-7320
MAIL
NPTA Membership Dept.
P.O. BOX 683148
Houston, Texas 77268

New Membership Application

For quicker access to member benefits, join online at www.pharmacytechnician.org

1. MEMBERSHIP INFORMATION

Please print clearly.

First Name _____ Last Name _____ M.I. _____
 Position/Title _____ Are you nationally certified? YES NO
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Fax _____ Cellular _____
 E-Mail Address _____

Providing your e-mail address allows you to receive timely information from NPTA. It is an NPTA policy to not sell or distribute e-mail addresses of members.

Gender: Female Male D.O.B. ____/____/____ Referred BY: NPTA Member _____ ID# _____

OR

Today's Technician NPTA Website Internet Other _____

2. MEMBERSHIP CATEGORIES

- One Year Membership.....\$69.00
 Two Year Membership.....\$128.00 (Save \$10)
 Three Year Membership\$187.00 (Save \$20)

3. PAYMENT

All payments must be drawn on a US bank in US DOLLARS only.

NPTA Annual Membership Dues	\$
International Member Surcharge (Add \$25.00)	\$
CONTRIBUTION TO TAG – Technician Advocacy Group	\$
TOTAL PAYMENT	\$

Check/Money Order Is Enclosed
(payable to: NPTA)

Card Number _____ Exp. Date _____

Cash

Cardholder Name _____

Visa®

MasterCard®

American Express®

Discover®

Signature(required) _____ Date _____

WHAT IS YOUR PRIMARY PRACTICE SETTING?

- | | |
|---|--|
| <input type="checkbox"/> Retail – Chain | <input type="checkbox"/> Home Care |
| <input type="checkbox"/> Retail – Grocery | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Retail – Independent | <input type="checkbox"/> Nuclear |
| <input type="checkbox"/> Community Hospital | <input type="checkbox"/> Military |
| <input type="checkbox"/> University Hospital | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Government Hospital | <input type="checkbox"/> Formal Education |
| <input type="checkbox"/> Mail Order | <input type="checkbox"/> Sales |
| | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Other _____ |

HOW LONG HAVE YOU BEEN PRACTICING IN PHARMACY?

- < 1 year
 1 – 3 years
 3 – 5 years
 5 – 10 years
 10 – 15 years
 15 – 25 years
 > 25 years

I AM INTERESTED IN ALL OF THE FOLLOWING:

- Volunteer Involvement (VIP)
 Serving on a Committee
 Speaking Opportunities
 Writing Opportunities
 Planning a Local Meeting
 Other