Ignite to Excite
MEMBERSHIP CHALLENGE

IPhA Membership Application

Home

First: __________ MI: __ Last: ________________

Credentials: __________________ (Ex: RPh, BA, PhD)

NABP ID: ____________ DOB: __________MMDD

Street: ______________________________________

City: _______________________________________

State: ___________ Zip + 4: __________ - ______

Phone: (_____) ______ - __________

Fax: (_____) ______ - __________

Email: ______________________________________

Business

Business Name: _______________________________

Title/Position: ________________________________

Street: _______________________________________

City: ____

State: ___________ Zip + 4: __________ - ______

Phone: (___) ______ - __________

Fax: (____) ______ - __________

Email: ______________________________________

Who can we thank for referring you to IPhA:

____

Please indicate your preference for receiving IPhA communications

Postal Mail: ❍ Home ❍ Business

Email: ❍ Home ❍ Business

Fax: ❍ Home ❍ Business

IPhA Membership Type

- ❒ Regular Pharmacist Member $275
- ❒ Associate Member *(non-pharmacist)* $275
- ❒ Academic Member $137.50
- ❒ Joint Member *(spouse of regular member)* $137.50
- ❒ New Pharmacist Practitioner 1 *(2018 graduate)*....................$55
- ❒ New Pharmacist Practitioner 2 *(2017 graduate)* $110
- ❒ New Pharmacist Practitioner 3 *(2016 graduate)* $165
- ❒ New Pharmacist Practitioner 4 *(2015 graduate)* $220
- ❒ Out-of-State Pharmacist Member $110
- ❒ Retired Pharmacist Member $110
- ❒ Student $20
- ❒ Technician Member $40

Total Due: $ __________

What piqued your interest in becoming a member?

❒Ignite to Excite Campaign

I was approached by a student who attended:
(Circle the school)

CSU MWU Rossevelt RFUMS
SIUE StLCOP UIC Chicago UIC Rockford

❒Friend/Colleague

❒IPhA Certificate/CPE Program

❒Social Media

❒Local Association Event

❒COP Presentation

❒IPhA Annual Conference

❒IPhA Website *www.ipha.org*

❒*Illinois Pharmacists* Journal

What is your primary pharmacy practice setting?

❒ Chain	❒ Compounding	❒ Hospital/Health System	❒ Pharmacological	❒ Technician
❒ Clinical	❒ Government	❒ Independent	❒ Retired	❒ University
❒ Community	❒ Home Health Care	❒ Long Term Care	❒ Student	❒ Other: ______________

Payment Method

❒ Check (Payable to IPhA)

❒ Credit Card: AMEX, MasterCard, Visa, Disc

Acct #: ______________________________

Exp. Date (MM/YY): ___ / ___ CVV: _____

Signature: ____________________________

Qualifications

Graduation Date: ____ / ____ / ______

College/University: ___________________________

Degree: ____________________________________

License #: ___________________ State: ________

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Email To: kimc@ipha.org