



# SCPhA Membership Application

South Carolina Pharmacy Association

1350 Browning Road • Columbia, SC • 29210

PHONE: 803-354-9977 • FAX: 803-354-9207

WEBSITE: www.scrx.org • EMAIL: frontdesk@scrx.org

Membership Year: October 1, 2006-September 30, 2007

## 1. Member Information

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: M or F

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License #: \_\_\_\_\_ Years in Practice: \_\_\_\_\_

College Attended: \_\_\_\_\_

Yr. Graduated: \_\_\_\_\_  RPh  PharmD  CPhT Other: \_\_\_\_\_

Practice Setting: (Circle up to 3)

- |                                              |                                                      |
|----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Chain               | <input type="checkbox"/> Long Term Care              |
| <input type="checkbox"/> College of Pharmacy | <input type="checkbox"/> Mail Order                  |
| <input type="checkbox"/> Government          | <input type="checkbox"/> Nuclear                     |
| <input type="checkbox"/> HMO                 | <input type="checkbox"/> Pharmaceutical Manufacturer |
| <input type="checkbox"/> Hospital            | <input type="checkbox"/> Pharmaceutical Wholesaler   |
| <input type="checkbox"/> Independent         | <input type="checkbox"/> Other _____                 |

SC Legislature: House District: \_\_\_\_\_ Senate District: \_\_\_\_\_

US Congressional District: \_\_\_\_\_

Preferred Mailing Address: (Please Circle) Home Business

Preferred method of receiving updates: Email Fax Both

## 2. Practice Information

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Pharmacy County: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_

Pharmacy Fax: \_\_\_\_\_

### Communication Disclaimer

I do not wish to receive communications sent by or on behalf of the South Carolina Pharmacy Association (and its subsidiaries and affiliates, including its Academies and District organizations) via postal mail, email, telephone or fax.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please do not publish my address, phone number, fax or email in a membership directory or web site.

Gifts to SCPhA are not deductible as charitable contributions for federal income tax purposes; however, dues payments are deductible by members as an ordinary and necessary business expense.

Please send completed invoice and payment to SCPhA: 1350 Browning Rd. Columbia, SC 29210: Fax 803-354-9207

Referring Member: \_\_\_\_\_

## 3. SCPhA Membership Dues

New Member  Renewing  Former

Active.....\$150.00 \$ \_\_\_\_\_  
(Registered Pharmacist)

Joint.....\$250.00 \$ \_\_\_\_\_  
(Wife and husband both registered RPh)  
Please send completed membership form for both parties.

Retired.....\$75.00 \$ \_\_\_\_\_  
(Part time RPh; age 60+ & SCPhA member for 5 consecutive years)

1st Year.....\$75.00 \$ \_\_\_\_\_  
(1st year practitioner or graduate student)

Vested.....\$2000.00 \$ \_\_\_\_\_  
(No further dues for life)

Associate.....\$150.00 \$ \_\_\_\_\_  
(Non-Pharmacist)

Pharmacy Student.....\$10.00 \$ \_\_\_\_\_

Pharmacy Technician.....\$35.00 \$ \_\_\_\_\_

## SCPhA Academy Dues

(Optional interest groups for SCPhA Members)

Compounding Pharmacists.....\$25.00 \$ \_\_\_\_\_  
(Open to SCPhA RPh members)

New Practitioners.....\$35.00 \$ \_\_\_\_\_  
(Open to SCPhA RPh members in practice <10 years)

Pharmacy Technicians.....\$5.00 \$ \_\_\_\_\_  
(Open to SCPhA Technician members)

Students.....Free \$ \_\_\_\_\_

## Association Pillar Society

(Voluntary Support of SCPhA Beyond Dues)

Doric.....\$50+ \$ \_\_\_\_\_

Ionic.....\$100+ \$ \_\_\_\_\_

Corinthian.....\$200+ \$ \_\_\_\_\_

## District Dues

(Collected as a service to Districts)

District 5 RPh.\$25 Joint \$45 Tech \$15 \$ \_\_\_\_\_  
(Richland, Kershaw, Lexington and Fairfield)

District 9 RPh \$25 Tech \$15 \$ \_\_\_\_\_  
(Berkley, Charleston and Dorchester)

District 13 RPh \$25 Tech \$25 \$ \_\_\_\_\_  
(Pickens and Greenville)

## 4. Payment Information

Please enter the total of the above amounts. \$ \_\_\_\_\_

### Method of Payment

Enclosed is a check payable to SCPhA. Check # \_\_\_\_\_

Charge my:  Visa  MasterCard  AmX  Discover

Card# \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_