

Membership Form 08-09



Ready to be a part of South Carolina's leading professional pharmacy association? Fill out the form below and return to SCPhA with payment to join for 2008-2009 today. SCPhA's membership year is from October 1, 2008-September 30, 2009.

Name _____

License/Registration Number _____ Degree(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Company/Pharmacy Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Work Fax _____

Do you want to be a part of the Save a Tree/Plant a Seed Campaign and receive the Palmetto Pharmacist electronically? Yes No thank you

Membership Type: (Please select one)

- Regular RPh Member (\$150)
- Associate (Non-RPh) Member (\$150)
- Vested Member (\$2000 one-time fee, no additional dues)
- First Year Practicing RPh Member (\$75)
- Retired RPh Member (\$75)
- Pharmacy Technician Member (\$35)
- Spouse/Joint Membership (\$250 per couple):
Spouse Name: _____

SCPhA dues are NOT tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed by law with respect to association lobbying activities. The Revenue Reconciliation Act of 1993 states that Association dues used for lobbying activities are not deductible as a business expense. As a result 35% of SCPhA dues cannot be deducted as a business expense for federal income tax purposes.

Additional Contributions*:

Academies: SCPhA members have the opportunity to join special interest academies. Academy memberships are in addition to SCPhA membership and are only available to SCPhA members.

Academy of Pharmacy Technicians (\$5)

SC Pharmacy Foundation: The SC Pharmacy Foundation is a non-profit charitable organization, focused on educating the public about pharmacists and promoting overall health education to the citizens of South Carolina.

Contribution Amount: \$50 \$100 \$250
 \$500 \$1000 Other \$ _____

SC Pharmacy Advocacy Committee: While your SCPhA dues automatically assist pharmacy advocacy efforts, your additional contribution to the Pharmacy Advocacy Committee supports greater advocacy in the legislative arena.

Contribution Amount: \$50 \$100 \$250
 \$500 \$1000 Other \$ _____

Payment Information:

Total Due to SCPhA: \$ _____

Check; check # _____ (made payable to SCPhA)

Credit Card: MC Visa AMEX Discover

Card Number _____

Exp. Date _____ Name _____

*Please note that SCPhA is no longer collecting dues on behalf of the District Associations. For more information on local districts and their memberships, please visit www.scrx.org for contact information.

**Please return to SCPhA, along with payment, to:
1350 Browning Road, Columbia, SC 29210
Or you can fax credit card payments to 803.354.9207
Register online at www.scrx.org
For questions, call 803.354.9977**