

Idaho State Pharmacy Association
816 W Bannock St., Suite 105 * Boise, Idaho 83702

Membership Form

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-Mail Address: _____

Place of Employment: _____

ISPA MEMBERSHIP DUES: **Membership is valid for one year from date of payment**
(Please check appropriate category)

- | | | | |
|-------|---------------------------------|----------|---------------------------------|
| _____ | Active/Associate | \$175.00 | |
| _____ | 1st Year Member | \$ 85.00 | |
| _____ | Faculty | \$ 55.00 | |
| _____ | Retired | \$ 75.00 | |
| _____ | Technician/Support Personnel | \$ 25.00 | |
| _____ | Student | \$ 15.00 | _____ Student Professional Year |
| _____ | 1 st Year Pharmacist | \$ 55.00 | |
| _____ | 2 nd Year Pharmacist | \$110.00 | |

Enclosed is my check in the amount of \$ _____.

I wish to charge my annual dues to my Visa/Mastercard - Exp. Date _____

Account _____ Security Code _____

Signed: _____

I am enclosing an additional: [] \$500 [] \$250 [] \$100 [] \$50 [] Other _____

Please apply this contribution toward (circle one):

- ISPA Legislative Fund/General Support – assists in grassroots operations
- ISPA PAC – used for political contributions to legislative candidates

What are your top three pharmacy issues of concern?

ISPA – Serve * Advance * Promote

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