

Congratulations on making a smart career choice —
joining the Georgia Pharmacy Association.

This application is also available at GPhA.org/join



ABOUT YOU

Title: Mr Ms Dr

Name (First Last):

Preferred nickname: _____

Gender:

M F

Home address (include city, state, ZIP Code):

E-mail address (non-.edu preferred):

Home phone: (____) _____ - _____

Mobile: (____) _____ - _____

Work: (____) _____ - _____

Birth date: ____/____/____

Your pharmacy school:

GPhA occasionally sends pharmacy-related news and information. What's the best way to deliver that to you?

E-mail Phone call Text

Paper mail Fax

MEMBERSHIP CATEGORY

Individual (\$175/yr)

Sustaining (\$14.57/mo)

Joint Spouse (\$131.25/yr)

Technician (\$50/yr)

1st-Year Grad (\$60)

2nd-Year Grad (\$120)

Retired (\$87.50/yr)

Associate (non-licensed; \$140/yr)

PROFESSIONAL INFORMATION

Employer (if applicable):

Work address:

Title: _____

Employment category:

Independent pharmacy owner

Employee pharmacist

Hospital or health-system pharmacist

Pharmacy technician

Consultant pharmacist

Non-pharmacist (e.g., academic, sales)

Pharmacists only:

License number: _____

Year licensed in Georgia: _____

NABP e-Profile ID: _____

PAYMENT

Check enclosed

Credit card (AX, D, MC, V):

Expiration: _____ CVV: _____



Give this form to a GPhA associate

Mail it to : The Georgia Pharmacy Association
50 Lenox Pointe, NE, Atlanta, GA 30324

Fax it to: (404) 237-8435

Scan and e-mail it to: membership@GPhA.org