Oregon State Pharmacy Association

MEMBERSHIP APPLICATION

Please complete the following application, and return it with your annual dues payment made payable to OSPA. Dues are based on each individual's anniversary year.

Please check those that apply:

❑ Mr. ❑ Ms. ❑ Mrs. ❑ Designations _____

Name *Title* *Pharmacy/Company*

Company Address *City* *State* *Zip*

Telephone *Fax*

Preferred Email *Web Address*

Home Address *City* *State* *Zip*

Telephone *Fax*

(Pharmacists Only) Graduation Year *License #* *Year Licensed*

Please send Mailings to: ❑ Work Address ❑ Home Address Sponsor (referred by)_____

I WISH TO ENROLL AS:

Membership Categories

Please complete this application and return to OSPA with payment.

* = ***Required information.***

***Membership Types** *(Please check one)*

❑ Pharmacist Member $195.00

† = ***Discounted dues as reflected below.***

- ❑ 1st Year Practitioner†/Resident/Fellow ..... Free
- ❑ 2nd Year Practitioner† $75.00
- ❑ Retired Pharmacist† $100.00
- ❑ Family Membership (Spouse Only)† $350.00

*Name of Spouse:*_____

❑ Associate Member $300.00

❑ Technician Member $25.00

❑ Pharmacy Student $25.00

*School Enrolled In*_____

*Choose your primary practice setting:

- ❑ Mail Order
- ❑ Chain Management
- ❑ Chain Employee
- ❑ Clinical Pharmacist
- ❑ Education
- ❑ Hospital/Health System
- ❑ Independent Owner
- ❑ Independent Employee
- ❑ Long-Term Care/Consultant
- ❑ Pharmacy Manager
- ❑ Professional Representative
- ❑ Relief
- ❑ Retired
- ❑ Student
- ❑ Government
- ❑ Other

Please complete both sides

Payment Options (see below for complete information):
I elect to pay my membership dues by:

❑ Payment in Full Enclosed ❑ Auto-Renewal

❑ Please Invoice ❑ I Prefer to Pay with my ❑ Visa ❑ MC ❑ AMEX

Method of Payment ❑ Check ❑ Visa ❑ MC ❑ AMEX
In U.S. funds

Credit Card #

Expiration Date *$ Amount Authorized*

Name on Card

Billing Address

Signature

Membership Dues Payment Options

Payment in Full

If you elect to pay your membership dues in full, you are set for a year! Prior to your membership expiration date, you will receive a renewal notice.

Auto-Renewal

If you select this option, you must provide credit card information for processing. Each year, on your anniversary date, your credit card will be charged in full for your membership dues. This is a convenient way to keep your membership active without the worry of lapses. Note: By choosing this option, you understand that your credit card will remain on file with an outside service provider and you release OSPA from any liability for lost or stolen information.

Monthly Dues Installments

This is an option for those who want to manage their membership dues on a monthly basis. This applies only to members who pay full dues and are not eligible for discounts. If you select this option, your annual membership dues will be divided into 12 monthly installments. The first installment will include an additional $20.00 administrative processing fee to cover the extra cost incurred by OSPA. OSPA offers this payment plan option as a courtesy to our members. The total annual dues amount is owed to OSPA even if you decide to discontinue your membership during the year.

Oregon State Pharmacy Association
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Phone 503.582.9055 • Fax 503.715.9000
www.oregonpharmacy.org

OSPA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. OSPA estimates that 29% of your dues are not deductible because of OSPA's lobbying activities on behalf of its members.

Please complete both sides