



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth (M/D/Y): \_\_\_\_\_ Gender: \_\_\_\_\_

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

Current Employer: \_\_\_\_\_

Pharmacy School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

License # \_\_\_\_\_ NABP Profile ID: \_\_\_\_\_

### YOUR MEMBERSHIP

- Licensed Pharmacist (\$255/year)
- Joint Spouse Licensed Joint Pharmacist (\$189 each/year)
- AIP Licensed Pharmacist (\$220/year)  
*Must belong to Academy of Independent Pharmacy*
- 1st Year Pharmacy School Graduate (\$85)  
(graduated this year)
- 2nd Year Pharmacy School Graduate (\$167)  
(graduated last year)
- Technician (\$32/year)
- Student (\$25/year)
- Emeritus/Retired (\$85/year)
- Academic (Licensed) (\$216/year)
- Academic (Non-Licensed) (\$32/year)
- Affiliate (Non-Pharmacist) (\$500/year)

*Membership year is January 1 - December 31*

#### HOW DID YOU HEAR ABOUT GPHA? (CHECK ONE)

- Referred by: \_\_\_\_\_
- I was a former member
- I took a GPhA course or certification seminar
- The Georgia Pharmacy Convention or a region meeting
- Georgia Pharmacy* magazine
- GPhA Buzz e-mail
- GPhA website
- Social media
- Other: \_\_\_\_\_

### WHAT BEST DESCRIBES YOUR POSITION?

- I am an independent pharmacy owner/co-owner
- I am an employee pharmacist at a chain pharmacy
- I am a clinical or health-system pharmacist
- I am an employee at an independent pharmacy
- None of the options apply to me

### PAYMENT

Sign up and pay for your membership at [www.gpha.org/join](http://www.gpha.org/join), or scan the QR code and fill out the form online.

**Questions?** Call us at (404) 419-8115.

If paying by check please make it payable to: **Georgia Pharmacy Association**

**FAX** it to: (404) 237-8435  
**Scan and e-mail** it to: [membership@gpha.org](mailto:membership@gpha.org)  
**Mail** it to: The Georgia Pharmacy Association  
 6065 Barfield Road, Suite 100  
 Sandy Springs, GA 30328

