SOCIETY *of*
PAIN & PALLIATIVE CARE PHARMACISTS

MEMBERSHIP ENROLLMENT FORM

Name (Last, First):		Title:
Mailing Address:		
City:	State	Zip Code:
Email:		Phone:
State of Primary Licensure:	License #:	NABP CE ID:

Practice Information

Discipline		Practice Type	
☐ Pharmacist	☐ Physician's Assistant	☐ Hospice	☐ Compounding Pharm.
☐ Student Pharmacist	☐ Psychologist	☐ Pain Mgmt (Inpt)	☐ Hospital Pharmacy
☐ Pharmacy Technician	☐ Researcher	☐ Pain Mgmt (Outpt)	☐ Specialty Pharmacy
☐ Nurse	☐ Social Worker	☐ Palliative Care (Inpt)	☐ Industry
☐ Nurse Practitioner	☐ Therapist	☐ Palliative Care (Outpt)	☐ Other: _____
☐ Physician	☐ Other: _____	☐ Community Pharmacy	

Committee Interests

Interested in becoming more involved? Select all that interest you.

☐ Development ☐ Education ☐ Membership
☐ Research ☐ Finance

One Year Membership Options

☐ Pharmacist	$250
☐ Pharmacist – New Practitioner	$150
☐ Student Pharmacist	$35
☐ Affiliate Member, Non-Pharmacist	$250
☐ Resident / Fellow	$100

Payment Options

☐ Check #	☐ Visa	☐ MasterCard	☐ Discover	☐ American Express

Credit Card #:	Expiration MM/YY:
Cardholder's Name:	Verification Code:
Cardholder's Address:	City/State/Zip:
Signature:	☐ Billing address per above

Please Return This Form To: Society of Pain & Palliative Care Pharmacists

200 University Park Drive

Edwardsville, IL 62026

info@palliativepharmacist.org

For Office Use Only: