MEMBERSHIP FORM

Step 1: Member Information

First Name: ______________________ Last Name: ______________________

Preferred Mailing Address: (H)(W)

City: ______________________ State: ______________________ Zip: ______________________

Tele: ______________________ Fax: ______________________ Cell: ______________________ Pager: ______________________

Email: ______________________ Member Recruiter: ______________________

Step 2: Professional Practice Information

Company/Institution: ______________________

Position Title: ______________________ CPE Monitor ID: ______________________

Degrees/Certifications: ______________________ DOB: (MM/DD) Practice Start Date: ______________________

Primary Practice Area (Circle ONE):

Academia/Teaching
Ambulatory Care
Cardiology
Clinical Leadership/Practice Management
Critical Care
Drug Information and Technology
Emergency Medicine
General Pediatrics
GI/Nutrition
Hematology/Oncology
Infectious Disease
Medication Safety
Neonatology
New Practitioner
OB/Women’s Health
Pharmacogenomics
Pulmonary
Student
Transplantation
Urology/Nephrology

Secondary Area of Practice (Circle ALL that apply):

Academia/Teaching
Ambulatory Care
Cardiology
Clinical Leadership/Practice Management
Critical Care
Drug Information and Technology
Emergency Medicine
General Pediatrics
GI/Nutrition
Hematology/Oncology
Infectious Disease
Medication Safety
Neonatology
New Practitioner
OB/Women’s Health
Pharmacogenomics
Pulmonary
Student
Transplantation
Urology/Nephrology
Residency Program Director

Affiliate Organization (local community of student group) if applicable:

Step 3: Membership Category

$275.00 Individual For pharmacists committed to the goals of PPA and is actively involved in or has substantial experience in pediatric pharmacy practice.

$275.00 Associate For non-pharmacists committed to the goals PPA or pharmacists not actively involved in pediatric pharmacy practice.

$90.00 Resident/Fellow For pharmacists in a residency or fellowship program

$70.00 Pharmacy Technician For pharmacy technicians committed to the goals of PPA

$50.00 Student For pharmacy students enrolled in an accredited school of pharmacy

Step 4: Payment/Billing Information

Payment Option (Circle one): Visa MasterCard AMEX Discover Check (enclosed)

Card Number: ______________________ Exp Date: ______________________

Card Holder Signature: ______________________

First Name: ______________________ Last Name: ______________________

Billing Address: ______________________

City: ______________________ State: ______________________ Zip: ______________________

Step 5: Mail or Email to PPA

PPA | c/o Veritas Association Management | 1061 East Main Street, Suite 300 | East Dundee, Illinois 60118 | USA
Email: membership@pediatricpharmacy.org