

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

Secondary Area of Practice (Circle ALL that apply):

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

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

Step 3: Membership Category

<input type="checkbox"/>	\$250.00 Individual	For pharmacists committed to the goals of PPA and is actively involved in or has substantial experience in pediatric pharmacy practice.
<input type="checkbox"/>	\$250.00 Associate	For non-pharmacists committed to the goals PPA or pharmacists not actively involved in pediatric pharmacy practice.
<input type="checkbox"/>	\$70.00 Resident/Fellow	For pharmacists in a residency or fellowship program
<input type="checkbox"/>	\$60.00 Pharmacy Technician	For pharmacy technicians committed to the goals of PPA
<input type="checkbox"/>	\$45.00 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 Fax to PPA

PPA | 5865 Ridgeway Center Parkway, Suite 300 | Memphis, TN | 38120-4014 | USA
Fax: 901-767-0704