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):

- Ambulatory Care
- Critical Care
- General Peds
- Hematology/Oncology
- Infectious Disease
- Informatics/Technology
- Medication Safety
- Neonatal
- Nutrition/GI
- Pharmacogenomics
- Pharmacy Leadership
- Pulmonary
- Teaching/Academic
- Transplantation
- Urology/Nephrology

Women's Health

Secondary Area of Practice (Circle ALL that apply):

- Ambulatory Care
- Critical Care
- General Peds
- Hematology/Oncology
- Infectious Disease
- Informatics/Technology
- Medication Safety
- Neonatal
- Nutrition/GI
- Pharmacogenomics
- Pharmacy Leadership
- Pulmonary
- Teaching/Academic
- Transplantation
- Urology/Nephrology

Women's Health

Local/Student Community or Network (if applicable)

Step 3: Membership Category

- $240.00 Individual
  For pharmacists committed to the goals of PPAG and is actively involved in or has substantial experience in pediatric pharmacy practice.

- $240.00 Associate
  For non-pharmacists committed to the goals PPAG or pharmacists not actively involved in pediatric pharmacy practice.

- $60.00 Resident/Fellow
  For pharmacists in a residency or fellowship program (Proof required)

- $60.00 Pharmacy Technician
  For pharmacy technicians committed to the goals of PPAG

- $40.00 Student
  For pharmacy students enrolled in an accredited school of pharmacy (proof required)

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 PPAG

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