

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	Informatics/Technology	Pharmacy Leadership	Women's Health
Critical Care	Medication Safety	Pulmonary	
General Peds	Neonatal	Teaching/Academic	
Hematology/Oncology	Nutrition/GI	Transplantation	
Infectious Disease	Pharmacogenomics	Urology/Nephrology	
Secondary Area of Practice (Circle ALL that apply):			
Ambulatory Care	Informatics/Technology	Pharmacy Leadership	Women's Health
Critical Care	Medication Safety	Pulmonary	
General Peds	Neonatal	Teaching/Academic	
Hematology/Oncology	Nutrition/GI	Transplantation	
Infectious Disease	Pharmacogenomics	Urology/Nephrology	
Local/Student Community or Network (if applicable)			
Step 3: Membership Category			
<input type="checkbox"/>	\$240.00 Individual	For pharmacists committed to the goals of PPAG and is actively involved in or has substantial experience in pediatric pharmacy practice.	
<input type="checkbox"/>	\$240.00 Associate	For non-pharmacists committed to the goals PPAG or pharmacists not actively involved in pediatric pharmacy practice.	
<input type="checkbox"/>	\$60.00 Resident/Fellow	For pharmacists in a residency or fellowship program (Proof required)	
<input type="checkbox"/>	\$60.00 Pharmacy Technician	For pharmacy technicians committed to the goals of PPAG	
<input type="checkbox"/>	\$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			