



# Louisiana Pharmacists Association

450 Laurel St., Ste. 1400, Baton Rouge, LA 70801  
Phone (225) 346-6883 • Fax (225) 344-1132  
www.louisianapharmacists.com

## Membership Application

Name	Professional Title	LA Pharmacy License No.	
Preferred Name	Date of Birth		
Address	Home Phone	Work Phone	Mobile Phone
City, State, Zip	Fax	Email Address	
Name of Practice Site	Pharmacy School and Graduation Date		
Practice Site Address	Practice Setting (Independent, Chain, Hospital, etc.)		

### I AM APPLYING AS (choose one):

- Active.....\$135.00
- Joint.....\$240.00
- Associate.....\$105.00
- Retired Active.....\$ 70.00
- Pharmacy Tech.....\$ 25.00
- Student.....\$ 5.00

### I AM INTERESTED IN (check all that apply):

- Membership Development
- Services/Benefits
- Continuing Education
- Meetings/Events
- Board of Directors/Leadership
- Strategic Planning
- Legislative
- Regulatory
- Board of Pharmacy
- Schools of Pharmacy

### Explanation of Membership Categories

**Active Members** shall be those persons of good professional standing who are licensed by the Louisiana Board of Pharmacy residing in Louisiana or out of the state.

**Joint Active Members** shall be those persons who are married to each other, reside at the same address, and would each individually be eligible for Active Membership status.

**Associate Members** shall be those persons who have an interest in pharmacy. **Retired Active Members** shall be Active Members who, having reached the age of sixty-five or older or having become disabled, have applied to the Board of Directors for Retired Active membership status and have, by a majority vote at a meeting of the Board of Directors, been approved as Retired Active Members.

**Student Members** shall be those full-time students who are pursuing a course study in a pharmacy school.

Any pharmacists upon initial licensure by the Louisiana Board of Pharmacy shall be entitled to waiver of dues for six (6) months from the date of licensure, following which the pharmacists shall pay Active members' dues.

### **PAYMENT INFORMATION**

- Check       Visa       Mastercard

Credit Card No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Cards subject to additional \$5.50 convenience fee.

JOIN TODAY! MAIL OR FAX BACK TO:

Louisiana Pharmacists Association, 450 Laurel St., Suite 1400 – Baton Rouge, LA 70801 Fax: 225-344-1132

Questions? Call us at 225-346-6883 or email us at [lpa@pperron.com](mailto:lpa@pperron.com)

Application WEBSITE