



# 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.) |                         |              |
| Parish, Region        | Recruited By  |                         |              |

**I WOULD LIKE TO RECEIVE MY QUARTERLY JOURNAL BY:**     Email Only     Print and Email

**I WOULD LIKE TO JOIN THE FOLLOWING ACADEMY:**

- Academia
- Chain
- Compounding
- Consultant
- Health Systems
- Independent
- Industry
- Technician
- Young Pharmacist

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

- |  |  |
|--|--|
| <input type="checkbox"/> Membership Development        | <input type="checkbox"/> Strategic Planning  |
| <input type="checkbox"/> Services/Benefits             | <input type="checkbox"/> Legislative         |
| <input type="checkbox"/> Continuing Education          | <input type="checkbox"/> Regulatory          |
| <input type="checkbox"/> Meetings/Events               | <input type="checkbox"/> Board of Pharmacy   |
| <input type="checkbox"/> Board of Directors/Leadership | <input type="checkbox"/> 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 of 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.

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

- Active.....\$135.00
- Joint.....\$120.00
- Associate.....\$105.00
- Retired Active.....\$ 70.00
- Pharmacy Tech.....\$ 25.00
- Student.....\$ 5.00

**PAYMENT INFORMATION**

Check     Visa     Mastercard

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

Exp. Date: \_\_\_\_\_ 3-digit Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**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)