



Spokane Pharmacy Association

Advancing patient care since 1921

Membership Form

- Mail with check to: Spokane Pharmacy Association, PO Box 2591, Spokane, WA 99220
 - Or sign up on line at our website: spokanepharmacy.org
- Membership starting anytime in August or later is good through December of the following year.

Name _____

Job Title _____
(i.e. pharmacist, technician, student, retired pharmacist, non-pharmacy associate)

Pharmacy school attended and year of graduation _____

Workplace name/location _____

Email address _____

Address:
Street _____

City _____

State _____ Zip _____

Home Phone: _____ Work Phone: _____

Job Title	Cost
Practicing Pharmacist	\$50.00
Pharmacy Technician	\$25.00
Retired Pharmacist	\$25.00
Associate Member (pharmaceutical reps, other non-pharmacists)	\$50.00
Student, Pharmacist	\$20.00
Student, Technician	\$10.00
50 Year Pharmacist (include proof of licensure)	FREE
New grad special! (note year of graduation with PharmD_____)	FREE