Tennessee Pharmacists Association

MEMBERSHIP APPLICATION OR RENEWAL

4 Ways to Join TPA or Renew Your Membership! **ONLINE:** Visit tnpharm.org/join-us or scan this QR code →
FAX: 615-255-3528 • **MAIL**: TPA, 1732 Lebanon Pike Circle, Nashville, TN 37210 • **CALL**: 615-256-3023

MONTHLY PAYMENT OPTION *You can submit your annual dues in full now, **OR** let us store your credit/debit card securely and charge it in **automatic monthly installments** equal to 1/12 of your annual dues! You can also opt to renew your membership automatically next year. To learn more, visit tnpharm.org/join-us.*

Full Name: _____

License No.: _____ State: _____ Last 4 Digits of SSN: _____

NABP CE ID: _____ Birthdate: _____

Previous Last Name: _____ Year: _____

Preferred/Call-by Name: _____

Place of Employment: _____ Store No.: _____

Work Address: _____

_____

Home Address: _____

_____

Preferred Mailing Address: ☐ Work ☐ Home

Pharmacist in Charge? ☐ Yes ☐ No

Employment: ☐ Owner ☐ Director ☐ Assistant Director ☐ Manager

☐ Staff ☐ Resident ☐ Faculty ☐ Retired ☐ Other _____

Year Licensed: _____

Pharmacy Degree: _____

Year Graduated: _____

College: _____

Districts: TN Senate _____ TN House _____

U.S. House _____

Work Phone: _____

Home Phone: _____

Fax: _____

Cell Phone: _____

Permanent Email: _____

_____

Alternate Email: _____

_____

12-Month Membership Dues

	Please Select Your Payment Frequency/Amount:	12 MONTHLY PAYMENTS	1 ANNUAL PAYMENT
• **Resident Pharmacist**	*(Pharmacist living OR working in Tennessee; includes membership in TPA and 1 Society)*	☐ $24.59	☐ $295.00
• **Pharmacist in Residency/Fellowship**	*(Includes membership in TPA and 1 Society) – Complimentary through 7/31/24*		☐ Comp
• **Pharmacist – 2023 Graduate**	*(Includes membership in TPA and 1 Society) – Complimentary through 7/31/24*		☐ Comp
• **Retired Pharmacist**	*(Resident Pharmacist aged 70+; includes membership in TPA and 1 Society)*	☐ $10.42	☐ $125.00
• **Non-Resident Pharmacist**	*(Pharmacist who neither lives nor works in Tennessee)*	☐ $10.42	☐ $125.00
• **Student Pharmacist**	*(Includes membership in the Tennessee Society of Student Pharmacists)*		☐ $20.00
• **Pharmacy Technician**	*(Includes membership in the Tennessee Society of Pharmacy Technicians)*	☐ $4.16	☐ $50.00
• **Associate**	*(Non-pharmacist)*	☐ $24.59	☐ $295.00

Contributions or gifts to TPA are not deductible as charitable contributions for Federal Income Tax purposes. A percentage of dues payments are deductible by members as an ordinary and necessary business expense or as a miscellaneous deduction on Form 1040. TPA estimates the nondeductible portion of dues (the portion allocated to lobbying expense) is 20%.
* Contributions to PharmPAC in excess of $100 are allowed. PharmPAC must report any individual contribution in excess of $100, including contributor's name and address. Neither TPA, TSHP, nor any local society will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions.

Society

***Dues for Pharmacists** (except Non-Resident Pharmacists) **INCLUDE membership in ONE society**. Please select the Society (or Societies) in which you wish to participate, and add **$40 for each additional society**:* $_____
Membership in Student and Technician societies is automatic.

☐ Chain Pharmacists ☐ Independent Pharmacists
☐ Compounding Pharmacists ☐ Long-Term Care Pharmacists
☐ Health-System Pharmacists ☐ Pharmacists

Voluntary Contributions (Please include in the Total.)

• Tennessee PharmPAC* bit.ly/tnpharmpac Recommended: $250 $_____
• Tennessee Pharmacy Practice Preservation Fund (PPPF) bit.ly/tnpppf
Recommended: Pharmacy Owners – $500 Pharmacy Employees – $100 $_____

QUESTIONS?? We're here to help! tpa@tnpharm.org | 615-256-3023

$_____ TOTAL

Payment Method: ☐ Credit/Debit Card Already Stored Securely with TPA
☐ AmEx ☐ Visa ☐ MasterCard ☐ Check Payable to TPA

Check or card is: ☐ Personal ☐ Business: ___Incorporated ___Not Incorporated

IF USING A DEBIT OR CREDIT CARD, PLEASE CHOOSE ONE OPTION BELOW:

☐ Store my card securely and charge it automatically each month for 1/12 of my annual dues. **REQUIRED if a "12 Monthly Payments" amount is checked above.**

☐ Store my card securely and charge it automatically for the full amount of my annual dues when my membership renewal is due next year.

☐ Store my card securely to make checkout easier for future purchases, but do not use my card for monthly payments or automatic membership renewal.

☐ Do not store my card.

Voluntary Contributions will be charged in full to your card in one payment. If paying by check, please include the full amount of your Voluntary Contributions.

CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE: _____

NAME AS IT APPEARS ON CARD _____

BILLING ADDRESS (INCLUDE ZIP) _____

_____

SIGNATURE _____