

2027 Membership



Nebraska
Pharmacists
Association

Member Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

NABP e-Profile ID # _____
Required for ACPE CPE Credits.

Birth Date (MMDD) _____
Required for ACPE CPE Credits.

2027 membership year runs January 1–December 31.

*Membership (Check one)

- | | |
|--|--------------|
| ☐ Active License Pharmacist | \$250 |
| ☐ Active License Pharmacist (Annual Auto Renew) | \$250 |
| ☐ 1st Year Pharmacist (2026 Graduate) | \$125 |
| ☐ 2nd Year Pharmacist (2025 Graduate) | \$175 |
| ☐ Pharmacy Resident | \$55 |
| ☐ Pharmacy Technician | \$75 |
| ☐ Pharmacy Technician (Annual Auto Renew) | \$75 |
| ☐ Inactive Licensed Pharmacist (Includes CPE) | \$125 |
| ☐ Pharmacy Student (1 year) | \$25 |
| ☐ Pharmacy Student (4 years) | \$100 |
| ☐ Friends of Pharmacy | \$150 |

***Membership is electronic only. No printed communication will be mailed.**

- | | |
|--|-------------|
| ☐ M&P Subscription (Printed & Mailed) | \$70 |
|--|-------------|

Specialty Practice Interest Network

(Check all that apply)

Select a network that expresses your interest, not necessarily your work setting. The network you chose is not binding and can be changed at any time. Network preferences are used to tailor NPA communications to your area of interest.

- | | | |
|---|--------------------------------------|---|
| ☐ New Practitioner | ☐ Chain | ☐ Hospital/
Health-System |
| ☐ Academia | ☐ Independent | ☐ Compounding |
| ☐ Ambulatory Care | ☐ Industry | ☐ Long-Term Care |

Donations

- ☐ *NebPharmPAC \$ _____
- ☐ Foundation \$ _____ (Tax Deductible)

*Contributions to the NPA or NebPharmPAC are not tax deductible as charitable contributions for income tax purposes. They may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed as a result of association lobbying activities. The NPA estimates that the nondeductible portion of your 2027 dues used for lobbying is 21%.

Payment

- ☐ **Check**
(Payable to the Nebraska Pharmacists Association)
- Check # _____ for \$ _____
- ☐ **Credit Card** ☐ AmEx ☐ MC ☐ Visa ☐ DISC
- # _____
- Amount \$ _____
- Exp. Date ____/____/____ Sec. Code _____
- Signature _____

Return Form & Payment

- ☒ NPA
6221 S 58th St. Suite A
Lincoln, NE 68516
 402-420-1406
 www.npharm.org

Questions?

- 402-420-1500
 membership@npharm.org
NPA does not refund membership payments. Special requests may be made to the NPA Board of Directors in writing or by email.