

2018 Membership



Advocate. Educate. Connect.

Nebraska
Pharmacists
Association

Member Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

NABP e-Profile ID # _____ Birth Date (MMDD) _____
Required for ACPE CPE Credits. Required for ACPE CPE Credits.

- Paperless Option** I will access the M&P journal from the NPA website. Please send all communications to my email address.
- Mail Option** I would like to receive the M&P journal by mail. The NPA Daily News Dose will be sent to my email address.
- Check this box if you are interested in serving on an NPA Task Force, Committee or the Board of Directors.

Membership (Check one)

- Active License Pharmacist **\$200**
- 1st Year Pharmacist **\$95** (2017 Graduate)
- 2nd Year Pharmacist **\$145** (2016 Graduate)
- Inactive License Pharmacist **\$100** (Does not include CPE)
- Student Pharmacist **\$15**
- Friends of Pharmacy **\$100***
- Pharmacy Technician **\$65***

*Membership is electronic only. No printed communication will be mailed.
2018 membership year runs January 1–December 31.

Specialty Practice Interest Network

(Check all that apply)

Select a network that expresses your interest, not necessarily your work setting. The network(s) you choose can be changed at any time. Network preferences are used to tailor NPA communications to your area of interest.

- New Practitioner Independent Hospital/
Health System
- Academia/Specialty Practice
- Chain 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 2018 dues used for lobbying is 20%.

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

Mail NPA
6221 S 58th St., Suite A
Lincoln, NE 68516

Fax 402-420-4406

Online www.npharm.org

Questions?

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Email info@npharm.org