

2020 Membership



Nebraska
Pharmacists
Association

Member Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

Email _____

NABT 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. My 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** (2019 Graduate)
- 2nd Year Pharmacist **\$145** (2018 Graduate)
- Inactive Licensed 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.
2020 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 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 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 2020 dues used for lobbying is 18%.

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 402-420-1406

Online www.npharm.org

Questions?

Phone 402-420-1500
Email info@npharm.org