

2024 Membership



Nebraska
Pharmacists
Association

Member Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Permission to receive text messages

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. My NPA *Daily News Dose* will be sent to my email address.

Membership (Check one)

- | | |
|--|----------------|
| <input type="checkbox"/> Active License Pharmacist | \$250 |
| <input type="checkbox"/> 1st Year Pharmacist (2023 Graduate) | \$125 |
| <input type="checkbox"/> 2nd Year Pharmacist (2022 Graduate) | \$175 |
| <input type="checkbox"/> Pharmacy Resident | \$55** |
| <input type="checkbox"/> Pharmacy Technician | \$75 |
| <input type="checkbox"/> Inactive Licensed Pharmacist (Includes CPE) | \$125 |
| <input type="checkbox"/> Pharmacist Intern | \$25** |
| <input type="checkbox"/> Friends of Pharmacy | \$150** |

**Membership is electronic only. No printed communication will be mailed.
2024 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.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> New Practitioner | <input type="checkbox"/> Chain | <input type="checkbox"/> Hospital/
Health-System |
| <input type="checkbox"/> Academia | <input type="checkbox"/> Independent | <input type="checkbox"/> Compounding |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Industry | <input type="checkbox"/> 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 2024 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

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

Questions?

- 402-420-1500
 membership@npharm.org