



1800 Washington Blvd., Suite 333

410-727-0746 # Fax 410-727-2253

Baltimore, MD 21230

# 2011 MEMBERSHIP INVESTMENT FORM

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Joining your state professional association is as simple as checking a few boxes. **Complete both pages of this Membership Form** and drop it in the mail or FAX. It's that easy! One year's dues payment brings you a year of benefits!*

## VOLUNTARY CONTRIBUTIONS

*Give to one, two or all!*

**MPhA Foundation Fund** - Helps to provide scholarships and funds to maintain the MPhA Headquarters Building ..... \$ 50.00

**PEAC** - Supports chemically impaired pharmacists with recovery and advocacy resources ..... \$ 25.00

**MPhA Scholarship Fund** - Provides scholarships for Maryland student pharmacists ..... \$ 25.00

**MPhA Survival Fund** - A defense fund to protect the profession's interests ..... \$ 25.00

**Contributions** \$ \_\_\_\_\_

## MEMBERSHIP DUES

*The Maryland Pharmacists Association - Membership Now until December 31, 2011*

**Pharmacist (Active)**..... \$ 195.00

**Associate** .....\$ 195.00

**Out of State**.....\$ 100.00

**First Year Graduate** ..... \$ 95.00

**Retired** ..... \$ 95.00

**Pharmacy Technician** ..... \$ 40.00

**Student (Non-licensed)**..... \$ 10.00

**NEW MEMBER SPECIAL !** ..... **\$100.00**

**Dues Amount** \$ \_\_\_\_\_

**Total Amount** \$ \_\_\_\_\_

## PAYMENT INFORMATION

Enclosed is my check/money order \$ \_\_\_\_\_

**Charge Your Dues! Fax It!  
It's Convenient and Quick!**

Bill my \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ For Office Use Only: \_\_\_\_\_

**(OVER)**



***Please complete the important member data on the 2<sup>nd</sup> Page of this form:***

# MEMBER DATA:

**Knowing who you are and what you do is important!**

***We use this confidential demographic information to plan continuing education programs and assess new member benefits and their value to you. Please take a moment to complete these sections.***

## PERSONAL DATA

### Preferred Honorific

- P.D.                       Pharm.D.  
 R.Ph.                       CPhT                       Other

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail \_\_\_\_\_ (So we may keep you informed on the latest information the quickest way possible)

## MEMBERSHIP CATEGORY

**Please check:**

- A     Associate  
S     Pharmacist  
O     Pharmacist (owner/manager)  
R     Retired  
U     Student (non-licensed)  
T     Tech  
X     Other

## PRIMARY PRACTICE

**Please check:**

- C     Chain Pharmacy  
I     Independent Pharmacy  
H     Hospital  
L     Long Term Care  
M     Managed Care  
A     Academia  
G     Government  
O     Other

Legislative District \_\_\_\_\_

### **Important Tax Information**

Dues for MPhA are not deductible as charitable contributions for Federal Tax purposes. However, they may be deductible as ordinary and necessary business or miscellaneous expenses. Because of tax law changes affecting association membership dues deductibility, you may not deduct any portion of your dues which goes towards lobbying local, state, or national government agencies. MPhA has determined that the deductibility of your MPhA dues is limited to no more than 85% of your total dues.