



2010 NHPA Membership Application

Check One	Membership	Rate	Check One	Membership	Rate
	Pharmacist – Active	\$50.00		Pharmacy Student	FREE
	Pharmacist – Retired	\$25.00		Associate Member	\$25.00
	Pharmacy Technician	\$10.00		Corporate Member	\$500.00

**Please note that membership is from January 1st to December 31st 2010
A \$50 discount is given to members for each program

Name _____ **Address** _____

Town _____ **State** _____ **Zip** _____

Work phone _____ **Home phone** _____

E-Mail: _____

check if you do not want to receive legislative updates, newsletters, or NHPA updates via email.

Primary Practice setting:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Independent | <input type="checkbox"/> Mail order |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Managed care | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Industry | <input type="checkbox"/> University/ academia | |
| <input type="checkbox"/> Long-term care | <input type="checkbox"/> Government affairs | |

Please list continuing education topics that you are interested in :

MAKE CHECK PAYABLE TO: NHPA – Membership	Mail to: New Hampshire Pharmacists Association c/o Gary Merchant 272 Pleasant Street, Claremont, NH 03743
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Membership dues	\$
Donation to scholarship fund	\$
Total amount	\$

_____ Yes, I would like to become involved with a NHPA Committee - Please contact me

Education
 Legislative
 Scholarship
 Membership

For additional info, please visit our web at www.nhpharmacists.net
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