



2017 NHPA Membership Application

Check One	Membership	Rate	Check One	Membership	Rate
	Pharmacist – Active†† (before April 1 st)	\$75.00		Pharmacy Student	FREE
	Pharmacist – Active†† (on or after April 1 st)	\$100		Associate Member	\$25.00
	Pharmacist – Retired	\$25.00		Corporate Member	\$500.00
	Pharmacy Technician	\$10.00		Resident/Fellow	\$50

††Please note beginning April 1, 2017 the fee will increase to \$100.
 **Please note that membership is from January 1st to December 31st 2017.
 A discount is given to members for each eligible CE program.

******Payment may be made online via PayPal at www.nhpharmacists.net. Only complete the form below if you choose to pay by mail******

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:

- Hospital Independent Mail order
 Retail Managed care other _____
 Industry University/ academia
 Long-term care Government affairs

Please list continuing education topics that you are interested in :

MAKE CHECK PAYABLE TO: NHPA – Membership	Mail to: New Hampshire Pharmacists Association 373 S. Willow Street, D1-1 Suite 165 Manchester, NH 03103
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

Association Office –373 S. Willow Street, D1-1, Suite 165, Manchester, NH 03103

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