AMCP MEMBERSHIP APPLICATION

MEMBER INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

FIRST NAME LAST NAME

TITLE

ORGANIZATION NAME

ORGANIZATION ADDRESS

CITY STATE ZIP CODE

HOME ADDRESS

CITY STATE ZIP CODE

SEND ALL MAILINGS TO MY: ☐ Company Address ☐ Home Address

WORK TELEPHONE FAX

HOME TELEPHONE CELLULAR TELEPHONE

EMAIL ADDRESS (PRIMARY) EMAIL ADDRESS (SECONDARY)

ANNUAL MEMBERSHIP RATES

☐ Active Member . . . . . $275 per year

Active membership – must be a pharmacist, physician, nurse, nurse practitioner, or physician assistant.

NEW GRAD DISCOUNT! *If you have graduated in the last two years, deduct 50% from Active Member Dues.*

REQUIRED FOR PHARMACISTS:

SCHOOL/COLLEGE OF PHARMACY GRADUATION YEAR STATE(S) LICENSED

☐ Associate Member . . . . . $440 per year

☐ Pharmacy Technician . . . . . $145 per year

☐ Student Pharmacist Member . . . . . $45 per year

REQUIRED: GRADUATION DATE (MONTH/YEAR) SCHOOL/COLLEGE OF PHARMACY

☐ Resident/Fellow/Graduate Student Member . . . . . $100 per year

REQUIRED: COMPLETION DATE (MONTH/YEAR) SITE

SCHOOL/COLLEGE OF PHARMACY GRADUATION YEAR STATE(S) LICENSED

☐ Active Duty in Uniformed Services . . . . deduct 50% from Active or Associate Member Dues per year

☐ Retired Rate . . . . . contact AMCP at memberservices@amcp.org for details

METHOD OF PAYMENT

☐ Check made payable to AMCP for $ _____ *(in US funds drawn on a US bank)*

☐ Charge $ _____ to my credit card: ☐ Visa ☐ MasterCard ☐ American Express

CARD NUMBER

EXPIRATION DATE

CARDHOLDER PRINTED NAME

CARDHOLDER SIGNATURE

PLEASE ENTER THE AMCP MEMBER WHO REFERRED YOU FOR MEMBERSHIP (IF APPLICABLE).

REFERRED BY

DEMOGRAPHIC INFORMATION

PLEASE TELL US:

I. What degrees/designations do you hold?

- ☐ BS Pharmacy
- ☐ MPA
- ☐ PhD
- ☐ MBA
- ☐ MD
- ☐ Other *(specify below)*
- ☐ PharmD
- ☐ MPH
- ☐ JD
- ☐ RPh
- ☐ RN
- ☐ DO

II. Which of the following best describes your employer? *(check one)*

- ☐ ACO/PCMH/Emerging Care Model
- ☐ Adherence Service Provider
- ☐ College/University
- ☐ Community Pharmacy
- ☐ Consulting Firm
- ☐ Government/Military
- ☐ Health Plan
- ☐ Hospital/Health System
- ☐ Managed Markets Agency
- ☐ Medical Education
- ☐ Other *(specify below)*
- ☐ Medical/Physician Group
- ☐ MTM Service
- ☐ PBM or Mail Service
- ☐ Pharmaceutical Industry
- ☐ Press
- ☐ Research/Analytics
- ☐ Retired
- ☐ Specialty Pharmacy
- ☐ Technology/IT
- ☐ Wholesale/Distribution/ GPO

III. Which of the following best describes your job function(s)? *(check one)*

- ☐ Academic Faculty/Staff
- ☐ Case Manager
- ☐ Clinical Pharmacist/Coordinator
- ☐ Consultant
- ☐ Contracting/Distribution/ Supply Chain
- ☐ C-Suite Member/VP
- ☐ Formulary/Drug Use Mgmt
- ☐ Graduate Student
- ☐ Legal Affairs/Govt Affairs
- ☐ Marketing/Sales
- ☐ Medical Affairs
- ☐ Medical Director/CMO
- ☐ Not Employed
- ☐ Other *(specify below)*
- ☐ Pharmacy Director/ Assistant Director
- ☐ Pharmacy Manager
- ☐ Pharmacy Technician
- ☐ Pharmacy/Provider Network Management
- ☐ President/CEO
- ☐ Product/Program Devel
- ☐ Prof./Trade Relations
- ☐ Research-Outcomes/Clinical
- ☐ Resident/Fellow
- ☐ Retired
- ☐ Staff/Operations Pharmacist
- ☐ Student

IV. Indicate your license or eligibility for licensure below. *(check one)*

- ☐ MD
- ☐ Not Applicable
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Other _____
- ☐ Physician Assistant
- ☐ Pharmacist
- ☐ Pharmacy Technician

AMCP dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense. AMCP estimates that 15% of your dues are not deductible because of AMCP's lobbying activities on behalf of its members. AMCP contributes $5 of all Active and Associate annual dues to the AMCP Foundation. AMCP memberships are not transferable or refundable.

JUL2017