

JOIN THE OREGON STATE PHARMACY ASSOCIATION

and assist us in our efforts to advance the pharmacy profession!

Membership Application



Our Mission

The purpose of the Oregon State Pharmacy Association is to enhance the pharmacy profession by assisting every practitioner in achieving the highest level of patient care, and increasing awareness of pharmacy practitioners' contributions and capabilities to the public, legislators, and other policy makers charged with overseeing the general welfare.

The Oregon State Pharmacy Association (OSPA) is a membership organization of professional pharmacists, technicians, students, and others who have an active interest in the practice of pharmacy.

- ➔ OSPA aggressively advocates on behalf of the pharmacy profession before the State Legislature, State Agencies, Congress, and other healthcare stakeholders.
- ➔ Becoming an OSPA member provides you with opportunities for personal and professional growth.
- ➔ OSPA focuses on providing quality services to all pharmacists and pharmacy technicians in all practice settings.
- ➔ OSPA offers ongoing Continuing Education (CE) and advanced practice programs.
- ➔ OSPA members receive discounted enrollment in Continuing Education Classes and the Annual Convention.
- ➔ Our mission is to provide practicing and aspiring pharmacists and technicians with timely information on the latest development and trends that affect the profession, both locally and nationally.
- ➔ Members are encouraged to demonstrate their support of the pharmacy profession statewide, and be a part of the continual advancement of the profession.



OSPA offers members networking opportunities.

By joining the association today, you can work with us to meet the opportunities and challenges facing the pharmacy profession tomorrow.

OREGON STATE PHARMACY ASSOCIATION

Membership Application



Please complete this entire application and return this form to the OSPA office along with your payment. *Fields marked with an asterisk indicate required information.*

Mr. Ms. Mrs. Professional Designations _____

*FIRST NAME *LAST NAME

*TITLE/POSITION

(*PHARMACY MEMBERS ONLY) GRADUATION YEAR LICENSE # YEAR LICENSED

*PHARMACY/COMPANY NAME

*WORK ADDRESS

*CITY, STATE AND ZIP CODE

*WORK PHONE *WORK FAX

*WORK E-MAIL

*HOME ADDRESS

*CITY, STATE, AND ZIP CODE

*HOME PHONE *HOME FAX

*HOME E-MAIL

*Preferred Mailing Address Home Work

*Preferred E-Mail Address Home Work

*Preferred Fax Number Home Work

Payment Information

Check Enclosed Payable to OSPA American Express Master Card VISA

CREDIT CARD NUMBER EXPIRATION DATE AMT. AUTHORIZED

BILLING ADDRESS AND ZIP CODE

NAME ON CARD SIGNATURE (REQUIRED FOR PAYMENT)

IS THIS A CORPORATE CARD? Yes No If Yes, Company Code: _____

OSPA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. OSPA estimates that 30% of your dues are not deductible because of OSPA's lobby activities on behalf of its members.

*Choose your primary practice setting:

- Mail Order
- Chain Management
- Chain Employee
- Clinical Pharmacist
- Education
- Hospital/Health System
- Independent Owner
- Independent Employee
- Long-Term Care/Consultant
- Pharmacy Manager
- Professional Representative
- Relief
- Retired
- Student
- Government
- Other _____

*Membership Types

- Pharmacist Member \$204.00

Discounts Offered

- First-Year Practitioner \$0.00
- 1st Time Member \$133.25
- 2nd Year Practitioner \$141.00
- Retired Pharmacist \$89.25
- Family Membership \$350.00
- Associate Member \$204.00
- Technician Membership \$50.00
- Pharmacy Student \$15.00

**Mail this application
and payment to OSPA at
147 SE 102nd Ave.
Portland, Oregon 97216
or Fax: 503.253.9172
Phone: 503.582.9055**