



PARD Membership Application
(PLEASE PRINT)

1. Your Name: _____ Title: _____
2. Name of Pharmacy/Organization: _____
3. Corporate Name of Pharmacy: _____
4. Pharmacy Address: _____
5. City: _____ State: _____ Zip: _____
6. Telephone Number: _____ Alternate/cell: _____ Fax: _____
E-Mail: _____
7. Other County Association Membership: _____
8. Are You a Licensed Pharmacist? YES: _____ NO: _____
9. Graduated Month/Year: _____ School: _____
10. PA Pharmacist License #: _____ Pharmacy License #PP: _____
11. Store NABP#: _____ NPI#: _____
12. NABP e-Profile ID: _____

MEMBERSHIP CATEGORIES

Category "A"/Active-Storeowner – Inside/Outside Philadelphia (Voting Membership):	\$275.00
Category "C"/Associate Member, i.e., Licensed Pharmacists:	\$75.00*
Category "F"/Retiree (R.Ph. or Non-R.Ph.):	\$60.00*
Category "H"/Manufacturer or Wholesaler Representative:	\$100.00*
Category "I"/Corporate or Organizational:	\$1500.00*

*Indicates Non-Voting Status

I hereby apply for the following membership category: _____ = \$ _____

Signature: _____ Date: _____

Mail or Email completed Membership Application and dues payment payable to: PARD,
2200 Michener Street
Suite #10
Philadelphia, PA 19115
Email : mabel@pardrx.com

Please check method of payment: Check Enclosed: _____ Visa: _____ MasterCard: _____

Card #: _____ Card Expires: _____ CCV: _____

Signature (credit card only): _____

The following information is important for us to maintain accurate contact with Legislators:

For Legislative Issues

Home Address: _____

City: _____ State: _____ Zip: _____

County: _____

Home Phone: _____ Home Fax: _____

If You Know:

Pa House of Representatives District: _____

Pa Senate District: _____

Representative Name: _____

Senator Name: _____

US House of Rep. Name: _____