PARD Membership Application
(PLEASE PRINT)

1. Your Name: ______________________________ Title: ______________________________
2. Name of Pharmacy/Organization: ______________________________
3. Corporate Name of Pharmacy: ______________________________
4. Mailing 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#: ______________

MEMBERSHIP CATEGORIES

| | |
|---|---|
| Category "A"/Active-Storeowner – Inside/Outside Phila. (Voting Membership) – 1st five locations: | $300.00 each |
| Category "A-1" discount rate 6+ locations: | $100.00 each |
| Category "C"/Associate Member, i.e., Licensed Pharmacists: | $100.00* |
| Category "F"/Retiree (R.Ph. or Non-R.Ph.): | $100.00* |
| 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 completed Membership Application and dues payment payable to: PARD,
2417 Welsh Road
Ste #21, Box #342
Philadelphia, PA 19114

Please check method of payment: Check Enclosed: ____ Visa: ____ MasterCard: ____ AMEX: ____ Discover: ____

Card #: ______________________ Expiration: ________ Security Code: _______ Address #: _____ Zip code: ________

Signature (credit card only): ______________________________

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

**<u>For Legislative Issues</u>**

**Home Address:** ______________________________________________

**City:** ______________________ **State:** ________ **Zip:** ____________

**County:** ______________________________

**Home Phone:** ____________________ **Home Fax:** ____________________

**<u>If You Know:</u>**

**Pa House of Representatives District:** ______________________________

**Pa Senate District:** ______________________________

**Representative Name:** ______________________________

**Senator Name:** ______________________________

**US House of Rep. Name:** ______________________________