Alachua County Area Association of Pharmacy
Membership Registration Form

☐ **Renewing Member** ☐ **New Member** | ***Membership Year Ending July 31, 2027***

Types of Membership: (Annual / Single Regular Meeting / Single Webinar Meeting)

☐ Pharmacist $90 ☐ Associate Member $90 ☐ Pharmacy Resident $40
☐ Pharmacy Tech $40 ☐ Single Reg. Mtg. Member $30

Single Webinar: ☐ Pharmacist $20 ☐ Associate $20 ☐ Pharmacy Resident $10 ☐ Pharmacy Technician $10

Member Information:

Name: _____

License #: _____ **Birth Month & Day:** /

NABP#: _____

Areas of Practice (Check all that apply):

☐ Community (Chain) ☐ Consultant ☐ Community (Small Chain/Independent)
☐ Hospital ☐ Academia ☐ Other
☐ Ambulatory Care ☐ MTM ☐ Other

Contact Information: ☐ **Address same as last year**

Address:

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Non-Work E-mail:**

Interested in being on the ACAP Board of Directors: ☐ An officer ☐ On a committee

Are you a current FPA Member: ☐ YES ☐ NO

Date Received: _____

☐ Cash **Amount Received:** _____

☐ Check #: _____ **Received by:** _____

Member Signature: _____ **Date:** _____

✂ Cut along line.

ACAP Membership Receipt

Payment Information:

☐ Credit Card

☐ **For Membership for May 1, 2026 through July 31, 2027**

☐ **Single Regular Meeting Member or** ☐ **Single Webinar Meeting Member**

Date: _____ ☐ Cash ☐ Credit Card

☐ Check #: _____

Amount Received: _____

From: _____ **License #:** _____

Received by: _____

- Membership Fees are due by September (Membership runs August 1st through July 31st)(Begins May with advanced payment).
- Meefings are intended for the professional development of ACAP members only.
- CE's will only be awarded to paid annual ACAP members or paid single regular meefing/webinar members.