



# American Association of Pharmacy Technicians, Inc.

P.O. Box 1447 • Greensboro, NC 27402 • Phone: 1-877-368-4771 • Fax: 336-333-9068 • E-mail: aapt@pharmacytechnician.com

## Corporate Membership Application

Check one:     new             renewal (Member # \_\_\_\_\_)

### Company Data:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Contact Data:

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail W: \_\_\_\_\_

E-mail H: \_\_\_\_\_

Preferred E-mail:  Home  Work Date: \_\_\_\_\_

### Main Focus (check one):

- Institutional       Ambulatory       Industry       Technology
- Education           Research & Development       Home Health
- Other: \_\_\_\_\_

**Corporate Member: Rate = \$500 annually**

### Benefit Options (select one):

#### Option #1

- 1 year membership renewable annually (may associate 1 individual's name)
- Subscription to a hard copy of the quarterly publication
- ¼ page ad in the quarterly publication if desired
- 1 –complimentary exhibit booth at one AAPT sponsored meeting/year (i.e. Annual Convention, Regional Meeting).

#### Option #2

- 1 year membership renewable annually that will include 5 active individual memberships  
*(an individual membership application must be submitted for each member joining under this option along with the corporate renewal)*
- 1 hard copy subscription of the quarterly publication *(individual members joining under this option will receive an electronic copy of the newsletter)*
- ¼ page ad in the quarterly publication if desired

### Method of Payment:

Check payable to AAPT            Total Enclosed: \$ \_\_\_\_\_

VISA       American Express       MasterCard

Account No: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_