

Membership Application

Check one: new renewal

Certified: ExCPT PTCB Other:

Personal Data:			
Name:			
Address:			
City:			
State:		Zip:	
Phone:			
Email:			

Professional Data:	
Work Place:	
Position/Title:	
Phone:	
Work Email:	

Preferred Email:

Home Work

Email is required for AAPT Member communications.

Please add me to the AAPT email list to receive newsletters, CPE updates and other information.

Main Practice Site (check one):

- Community/Retail Education Hospital Inpatient Hospital Outpatient Long-term Care
 Mail Order Military Non-practicing Student Nuclear Nursing Home Oncology
 PBM/Insurance Retired Other: _____

Chapter Affiliation (check one):

- North Carolina State, NC Northland, ND/MN Interested in starting a Chapter Member-at-large

Interested in Working on a Committee:

- Communications Education Legal & Public Affairs Organizational Affairs Programs

Type of Membership:

- Active - regular rate: \$50.00 Active-joint (with spouse) - regular rate: \$75.00
 Associate (Pharmacist or other interested professional) - regular rate: \$75.00 1st Year in the Field** - regular rate: \$25.00
 Technician student* - regular rate: \$15.00 Retired (previously active) - regular rate: \$17.00

***NOTE to Students: Please include name of school and instructor email so we can verify your status.**

School: _____ Instructor email: _____

**** NOTE to 1st Year in the Field: Please include employer documentation to verify your entry status.**

Before completing your application, please read the statement below and place a mark in the "I Agree" box below.

I Agree Your annual membership dues help the association provide many services and projects to advance our pharmacy technician profession goals. AAPT strives to offer a variety (typically 4/year) of free on-line continuing education (CE) to members. The bulk of CE is offered at annual convention where there is a convention fee that is discounted for AAPT members. (typically 10-15 hours)

Method of Payment:

Total Enclosed: \$: _____

Check payable to AAPT Credit Card **(PLEASE NOTE: Credit card payments are not secure when sent by e-mail.)**

VISA MasterCard Account No: _____ Exp Date (MM/YY): _____ CVV: _____

Name on Card: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____