



# Membership

Membership includes up to four individuals located at the pharmacy who will receive member benefits. Please provide a unique email address for each individual. If you need more than four, please email membership@ncpa.org or call 800.544.7447

**Pharmacy Name:** \_\_\_\_\_ **NCPDP #:** \_\_\_\_\_  
**Address, City, State, Zip code:** \_\_\_\_\_  
**Phone, Fax, Website** \_\_\_\_\_  
**Pharmacy Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_

I would like to sign up an additional pharmacy(s) for only \$150 each. I understand I am to submit four names and unique email addresses per pharmacy.\*

**Additional Pharmacy Name:** \_\_\_\_\_ **NCPDP #:** \_\_\_\_\_  
**Address, City, State, Zip code:** \_\_\_\_\_  
**Phone, Fax, Website** \_\_\_\_\_  
**Pharmacy Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_

**Additional Pharmacy Name:** \_\_\_\_\_ **NCPDP #:** \_\_\_\_\_  
**Address, City, State, Zip code:** \_\_\_\_\_  
**Phone, Fax, Website** \_\_\_\_\_  
**Pharmacy Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_

\*If you have additional pharmacies that you want to join but cannot fit on this application, please attach an additional form. Additional pharmacies with common ownership are only \$150 each and also receive up to four individuals.

**Payment information:**  
 Mastercard  Visa  AMEX  Discover **CC#:** \_\_\_\_\_ **EXP:** \_\_\_\_\_  
**\$435 for first pharmacy | \$150/per additional pharmacy** \_\_\_\_\_  
**Total charged \$** \_\_\_\_\_

**Send payment to:**  
mail: NCPA Membership 100 Daingerfield Rd., Alexandria VA 22314  
email: membership@ncpa.org fax: 703.576.5222