

To [RENEW](#) Your Membership - [Click Here](#)



[Join Today](#) ☐ and Add YOUR Voice to IPhA!

Please select the [type of membership](#) that you are interested in:

-

[Pharmacist](#)

-

Regular Active - **\$275**

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Academic Active - **\$137.50**

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Joint (Spouse/Partner of Regular Active) **\$137.50**

- New Practitioner			
- Post Graduate/Resident-Year 1	\$55		
- Post Grad/Resident Year 2	\$110		
Post Grad Year 3	-		\$165
- Post Grad Year 4	\$220		

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Out-of-State	-	\$110	
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Retired (non-working pharmacist)	\$110		
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Pharmacy Technician	-	\$40	
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Student Pharmacist	-	\$20	
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Associate (Non-Pharmacist)	-	\$275	
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Do you need a [Printable Application?](#)

Want to bring your entire store on board? Consider a Community Pharmacy Membership!

- [Information](#)
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[Community Membership Form](#)

For questions or more information on your IPhA membership, contact Kimberly Condon via email at kimc@ipha.org or 217-522-7300 extension 2.