**Program Participation Information**

Text

Description automatically generatedWelcome to the Community Pharmacy Membership and Advocacy Program! This program provides savings for full store employee registration. Pricing is determined by the number of stores with further considerations given for annual Pharmacy Advocacy support.

Program Requirements:

* All licensed pharmacy personnel per practice site must be registered.
* Renewal date for the group membership will be January 31 of each year.
* Dues and advocacy are paid annually in one installment.
* This structure is not valid with any other promotions.
* Staffing lists per location are due to IPhA by October 1 with first notice renewals to be sent by October 31.
* Memberships are non-transferrable. New employees can be added midyear at a pro-rated rate.

The Key Contact requested on the next page is the person responsible for coordinating each store’s membership. This could be the owner, the business manager or the store manager.

For questions regarding the program, please contact IPhA Member Services Manager Kim Condon at [kim@ipha.org](mailto:kim@ipha.org) or 217-522-7300.

A picture containing text, clipart

Description automatically generated

**Please complete a separate sheet for each store**

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| **Store Information** | |
| Store Name |  |
| Store License Number |  |
| Store Address |  |
| Store Phone |  |
|  |  |
| Owner Name |  |
| Owner Phone |  |
| Owner Email |  |
| Number of Stores Owned |  |
|  |  |
| Key Contact Name |  |
| Key Contact Phone |  |
| Key Contact Email |  |

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| **Advocacy Commitment** | |
| Advocacy Commitment | **$** |

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| **Pharmacist Information** | | | |
| **Name** | **Phone** | **Email** | **License Number** |
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| **Technician Information** | | | |
| **Name** | **Phone** | **Email** | **License Number** |
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