

First Name: _____ Last Name: _____ TSBP License#: _____
Email: _____ Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____
Employer/School: _____

1 MEMBERSHIP OPTIONS Please Choose One

- Pharmacist **\$295**
- Pharmacy Technician **\$60**
- Student **\$25**
- Retired Pharmacist **\$150**

\$ _____ **Local Association Dues** (Local associations & dues amounts listed on back)

Choose Academy: _____

(1 academy membership included with annual dues – additional academy memberships are \$15 a year (see list on back).

NOTE: If you have no preference for a specialty Academy, you may choose the Academy of General Pharmacy.
If you do not select an Academy, you will automatically be assigned to the Academy of General Pharmacy.

2 TOTAL DUE TPA annual dues + optional dues for additional academies or local association (if applicable)

3 PAYMENT OPTIONS

- PAY BY CREDIT CARD:** Please Pay Online at www.rxpert.org
- PAY BY CHECK:** Amount (Same as above): \$ _____ Check #: _____

TAX NOTE: Dues may be claimed as a business expense, but not as charitable deductions. A portion of your dues is deductible as an ordinary and necessary business expense to the extent that TPA engages in lobbying (separate from PharmPAC). The non-deductible portion of your dues for 2011 is 20%.

\$25 of your dues is allocated to PharmPAC, TPA's political action committee.

Check here if you **DO NOT WANT** any of your dues to go to PharmPAC. *(This election will not decrease your payment.)*

Please return your completed application & payment to:
Texas Pharmacy Association
12007 Research Blvd., Suite 201 ● Austin, TX 78759 ● 800-505-5463
or Fax to 512-836-0308