

DUES YEAR JANUARY 1-DECEMBER 31, 2010

Section 1 - Practice Information

Circle appropriate answers

A. CURRENT POSITION:

Staff • Owner • Manager • Other _____

B. CURRENT PRACTICE SETTING:

Independent • Chain • Hospital • LTC • Other _____

C. SEND MY CORRESPONDENCE TO MY Home • Business

D. NAME OF SPONSOR (if applicable)

Section 2 - Membership Type - See Reverse for Amounts

I am applying for:

Active Membership (Degree in Pharmacy) \$ _____

Active Retired (65 or older w/5 years prior membership) \$ _____

Associate Member (Pharmacy Technicians, Manufacturers, etc.) \$ _____

New Practitioners (Recent Graduates)

2010 Grad - FREE 2009 Grad - \$56.25

2008 Grad - \$112.50 2007 Grad - \$168.75

Student PSSNY (Still in Pharmacy College) - \$10.00

Student PSSNY & Journal Subscription - \$40.00

Section 2 Total: \$ _____

Section 3 - Academies

*First Academy membership is FREE, each additional membership is \$30.00

Academy of Independent Owner Pharmacists (AIOP)

Academy of Home Health Care Providers (AHHCP)

Academy of Clinical Pharmacists (ACLP)

Academy of Pharmacy Students (APS)

Academy of Pharmacy College Academicians (APCA)

Academy of IV, Nuclear & Compounding Pharmacists (AIVCP)

Academy of Consultant Pharmacists (ACP)

Academy of Employee Pharmacists (AEP)

Academy of Retired Persons (ARP)

Academy of Manufacturer Representatives (AMP)

Academy of Pharmacy Management (APM)

Academy of New Practitioners (ANP)

Section 3 Total: \$ _____

Section 4 - County & School

Select the county you work or reside in:

County: _____ School (if applicable): _____ Grad Year: _____

Section 5 - Personal Information

Name: _____

Company: _____

Business Address: _____

Business City/State/Zip: _____

Home Address: _____

Home City/State/Zip: _____

Business P: (_____) _____ Home P: (_____) _____

Fax: (_____) _____ E-Mail: _____

SSN#: _____ License #: _____

Section 6 - Payment Information

Section 2 Total: _____

Section 3 Total: _____

Voluntary PAC Contribution: _____

Voluntary Legal Defense Fund Contribution: _____

Section 6 Total: \$ _____

Payment:

Visa MasterCard Discover American Express

Check made payable to PSSNY

Card Number: _____

Expiration Date: _____

Signature: _____

MAKE YOUR CHECK PAYABLE TO PSSNY AND MAIL OR FAX TODAY!!

Dues paid to the Pharmacists Society of the State of New York or any affiliated professional organization are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense or as a miscellaneous deduction on form 1040. Due to the Revenue Reconciliation Act of 1993, membership dues attributable to lobbying expenses are no longer tax deductible. Therefore, the PSSNY Board of Directors has determined that 15% of the PSSNY portion of your dues is not deductible. The NYC Pharmacists Board of Directors has determined that 100% of its local portion of your dues are not deductible. However, dues payments are deductible by members as an ordinary and necessary business expense or as a miscellaneous deduction on form 1040.

SECTION 2 - Membership Types

PSSNY Membership is based on what Affiliate county you work or reside in. Please find and check your county to determine what Affiliate dues to pay.

At Large (Not Working or Residing in any of the below counties in NYS)

DUES: Active Membership-\$225, Retired Membership-\$100, Associate Membership-\$100

Capital Area Pharmacists Society

Counties Represented: Albany Clinton Essex Franklin Fulton Green Hamilton
 Montgomery Rensselaer Saratoga Schenectady Schoharie Warren Washington

DUES: Active Membership-\$225, Retired Membership-\$112.50, Associate Membership-\$100

Hudson Valley Pharmaceutical Society

Counties Represented: Columbia Dutchess Putnam Ulster

DUES: Active Membership-\$250, Retired Membership-\$112.50, Associate Membership-\$100

Long Island Pharmacists Society

Counties Represented: Nassau Suffolk

DUES: Active Membership-\$275, Retired Membership-\$112.50, Associate Membership-\$150

Mohawk Valley Pharmacists Society

Counties Represented: Herkimer Oneida

DUES: Active Membership-\$250, Retired Membership-\$112.50, Associate Membership-\$100

New York City Pharmacists Society

Counties Represented: Bronx Kings Manhattan Queens Richmond

DUES: Active Owner Membership-\$375, Active Non-Owner Membership-\$300, Retired-\$237.50, Associate Membership-\$250

Northern New York Pharmaceutical Society

Counties Represented: Jefferson Lewis Oswego St. Lawrence

DUES: Active Membership-\$225, Retired Membership-\$112.50, Associate Membership-\$100

Onondaga County Pharmaceutical Society

Counties Represented: Onondaga

DUES: Active Membership-\$250, Retired Membership-\$112.50, Associate Membership-\$100

Orange County Society of Pharmacists

Counties Represented: Orange

DUES: Active Membership-\$275, Retired Membership-\$112.50, Associate Membership-\$100

Pharmacists Association of Western New York

Counties Represented: Allegany Cattaraugus Chautauqua Erie Genesee Niagara Orleans
 Steuben Wyoming

DUES: Active Membership-\$325, Retired Membership-\$137.50, Associate Membership-\$200

Pharmaceutical Association of the Southern Tier

Counties Represented: Broome Chemung Chenango Cortland Delaware Madison Otsego
 Schuyler Sullivan Tioga Tompkins

DUES: Active Membership-\$225, Retired Membership-\$112.50, Associate Membership-\$100

Pharmacy Society of Rochester

Counties Represented: Cayuga Livingston Monroe Ontario Seneca Wayne Yates

DUES: Active Membership-\$250, Retired Membership-\$112.50, Associate Membership-\$100

Westchester/Rockland Society of Pharmacists

Counties Represented: Rockland Westchester

DUES: Active Membership-\$420, Retired Membership-\$220, Associate Membership-\$125