

MEMBERSHIP GOOD FOR ONE CALENDAR YEAR FROM DATE OF SIGN-UP

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

I am applying for:

- Active Membership (Degree in Pharmacy) - \$275.00
- Active Retired (65 or older w/5 years prior membership) - \$125.00
- Associate Member (Pharmacy Technicians, Manufacturers, etc.) - \$125

New Practitioners (Recent Graduates)

- 2012 Grad - FREE 2011 Grad - \$62.50
- 2010 Grad - \$125.00 2009 Grad - \$187.50

- 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:

Herkimer Oneida

Pharmacy 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 attributed to lobbying expenses are no longer tax deductible.

Therefore, the Board of PSSNY has determined that 15% of your dues payment is not deductible.