

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

I am applying for:

- Active Membership (Degree in Pharmacy) - \$250.00
- Active Retired (65 or older w/5 years prior membership) - \$112.50
- Associate Member (Pharmacy Technicians, Manufacturers, etc.) - \$100.00

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:

Onondaga

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.