

**Montana Pharmacy Association
Membership Form
2022/2023**

Please carefully review your MPA membership profile and complete any blank fields:

Name: _____ Education: _____

Employer: _____

Address: _____

City, State, Zip: _____

The above address is Home Business

Phone: _____ Cell Phone: _____

Email: _____ Username: _____

Please provide a current email address. Email is the primary means of communication from the MPA about legislative issues, member perks, continuing education offerings and more. We do not release your email address without permission and we do not overload your mailbox.

MPA may release my email address to pharmacy industry suppliers for advertising purposes. Yes No

Pharmacists: Please let us know

Community Pharmacist Health Systems Pharmacist Other _____

Certifications:

Please let us know of any certification you hold: _____

Check your group or individual rate option:

Individual Rates	Rate	Group Rates	Rate
<input type="checkbox"/> Pharmacist	\$ 175	<input type="checkbox"/> Pharmacy Business – two pharmacists and one technician -- \$350 Additional pharmacists - \$170 each Additional technicians -- \$25 each	Calculate and insert your rate.
<input type="checkbox"/> Pharmacist - Retired	\$ 75		\$
<input type="checkbox"/> Pharmacist – Out of State	\$ 60		
<input type="checkbox"/> Pharmacist-in-Residency	\$ 25	<input type="checkbox"/> Tele-Pharmacy Business – business and one technician; owner must have a Pharmacy Business membership.	\$ 75
<input type="checkbox"/> New Member – rate first year only	\$ 50		
<input type="checkbox"/> Technician	\$ 30		
<p align="center">Check out the MPA website at www.rxmt.org.</p>		<input type="checkbox"/> Household – two spouse/partner pharmacists at the same address	\$ 300
		<p align="center">Please provide the updated form, including email, for each person in your group. Thank you.</p>	

Voluntary Contributions:

MPA Lori Morin Recognition Scholarship Optional Donation Amount _____
 Student Grant in Aid Scholarship Optional Donation Amount _____
 MT Legislative Advocacy Fund Optional Donation Amount _____

Your Total Payment Enclosed \$ _____

Pay by check: Please return form and payment to MPA, PO Box 1569, Helena, MT 59624.
Pay online: Go to [Join Now \(rxmt.org\)](http://Join Now (rxmt.org)) and use the appropriate membership button – available on both the home page and the Membership page.

Questions? Contact the MPA office – info@rxmt.org or 406-449-3843

Contributions made to the Montana Pharmacy Association are not deductible as a charitable expense but may be deducted as a business expense. MPA calculates that 70% of the dues are deductible as an ordinary business expense for federal tax purposes.