

Your Involvement is Critical

With health care reform on the horizon, it is both exciting and challenging as we look towards 2010. It will be a year of significant change and involvement in your pharmacy association has never been more critical.

As pharmacy prepares to shift toward a profession-wide, patient-centered practice model, the issues influencing change in our roles and responsibilities are extensive.

We will be confronted with and able to influence—

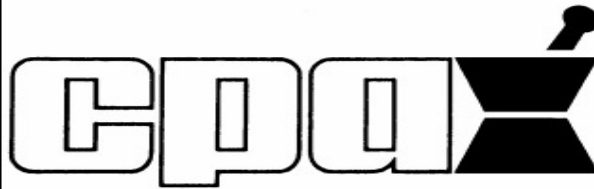
- **Impacting a patient's drug therapy** outcome through medication therapy management
- Expanding the **use of technology** in dispensing processes
- Increasing **demand for drug information** among health professionals and consumers
- **Involvement in new opportunities** for creating tailored drug therapy
- **Expanding roles** in community, ambulatory, long-term care, hospital, and home care settings.



Please call us!

We welcome an opportunity to talk with you about membership and how you can become involved.

860.563.4619



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860.563.4619 phone
860.257-8241 fax

www.ctpharmacists.org



The
Connecticut Pharmacists
Association

Membership Application

We have strength in numbers!

Membership Categories

- Active Member** **\$195.00**
Pharmacist licensed in Connecticut.
- Joint Membership** **\$292.50**
Spouse Pharmacists.
- Newly Licensed Pharmacist** **\$97.50**
Licensed in 2009.
- Pharmacy Resident** **\$40.00**
Documentation from Residency Supervisor must be provided.
- Associate Member** **\$195.00**
Pharmacist licensed in another state and person interested in furthering the objectives of the association.
- Pharmacy Technician** **\$40.00**
- Pharmacy Student** **\$5.00**
- Optional Lobby Fund** **\$75.00**

PAYMENT INFORMATION

- Check to CPA VISA Mastercard
 Card # _____
 Expiration Date _____
 Name on Card _____
 Signature _____
 Membership Dues \$ _____
Optional Lobby Fund \$ _____
 Sponsorship of Student \$ _____
Student's Name: _____

Total Payment \$ _____

Membership Information

Full Name _____
 (First, Middle Initial, Last, Suffix)
 R.Ph. P.D. Pharm.D. M.S. MBA
 Date of Birth _____ Nickname _____
 Please send my mail to Home Business
 Home Address _____
 City _____
 State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Email _____
 Workplace _____
 Work Address _____
 City _____ State _____
 Zip _____
 Work Phone _____

Licensed Pharmacists

College of Pharmacy attended _____
 Year Graduated _____ Degree _____
 Year Licensed _____
 Board License Number _____
 Certs: MTM _____ Diabetes _____ Immunization _____

Pharmacy Students and Interns

College/University _____
 Expected graduation date _____
 Present year of study _____
 Expected degree(s) _____

Pharmacy Technician

PTCB Certified yes no
 Date of Certification _____

Academy Information

Please choose one

Academy of Administrators and Managers

For all pharmacists who develop patient-oriented practices and those in government and managed care.

Includes: Corporate and Regional Coordinators, Government, Military and State Agencies, and Management Pharmacy Owners.

Academy of Pharmacy Practitioners

For all pharmacists practicing in any patient care setting.

Includes: Community, Chain & Independent Pharmacists; Health-System Pharmacists; Home Health Care Pharmacists; Hospital Pharmacists; Long Term Care/Consultant Pharmacists and Office-based Pharmacists.

Academy of Scientists

For all academic and industrial pharmacist scientists active in research programs.

Includes: Industry, Public Health, University Educators and Researchers.

Pharmacy Code of Ethics

"I pledge to abide by the Constitution and By-Laws of the Connecticut Pharmacists Association and to uphold the Code of Ethics of this Association."

Signature _____

Date _____