

SCPhA Annual Membership

STEP 1: Membership Type (select one)

- Pharmacist Associate Vested Spouse/Joint First Year Retired Technician Student

STEP 2: Automatic Renewal (select one)

- Yes, I would like to automatically renew my membership annually, eliminating this yearly reminder.
 No, I would not like to automatically renew my membership annually. I would like to receive a yearly reminder.

STEP 3: Payment Options (select one) I will pay in full.

- \$20 yearly Student Membership
\$50 student career Student Membership
 \$35 Technician Membership
 \$75 (First Year or Retired Membership)
 \$150 (Pharmacist or Associate Membership)
- \$250 (Spouse/Joint Membership)
Spouse Name _____
\$2,500 (Vested Membership)

Membership Levels

- \$300 (Friend) \$600 (Leader) \$1,200 (Visionary)

Visit www.scrx.org to learn more about these levels!

Bill me monthly. (Only available for Pharmacist or Associate Level Membership and above.)

- \$15 per month (Pharmacist or Associate Membership; actual annual payment is \$180 to cover monthly processing fees)
 \$25 per month (Friend) \$50 per month (Leader) \$100 per month (Visionary)

STEP 4: Text Alerts (select one)

By selecting yes, you are agreeing to receive important updates from SCPhA. Standard text and data rates apply.

- Yes, I would like to receive text alerts to the following number (area code first) _____
 No, I do not wish to receive text alerts.

STEP 5: Additional Contributions (optional)

Select an amount:

- \$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other \$ _____

Select your recipient:

- Pharmacy Advocacy Committee South Carolina Pharmacy Foundation Student Scholarship Fund

STEP 4: Your information

Name _____ Employer/school _____
Select your title(s) RPh PharmD CPhT Student None Other _____
Address _____
Email _____ Phone _____
Fax _____ NABP eID# _____ Birthdate (MM/DD) _____
Work Address _____
Job Title _____ Work Phone _____ Work Fax _____

NEW! Instead of SCPhA's Membership Year running from Oct. 1-Sept. 30, members will be up for renewal on their anniversary date. Your anniversary date is defined as one year from the date your membership was processed.

STEP 6: Payment

Total Amount Due: _____

- Method of Payment: Check; Check # _____ (Make payable to SCPhA) Cash
Credit Card: American Express Visa MasterCard Discover

If paying monthly or wishing to automatically renew your membership, you must pay with a credit card.

Credit Card # _____ Exp. Date _____ CVV# _____
Name on Card _____ Billing Address _____
Email Address _____ Phone # _____

SCPhA dues are NOT tax deductible as charitable contributions for income tax purposes. However, they may be tax deductible as ordinary and necessary business expenses subject to restrictions imposed by law with respect to association lobbying activities. The Revenue Reconciliation Act of 1993 states that Association dues used for lobbying activities are not deductible as a business expense. As a result, 100 % of SCPhA dues cannot be deducted as a business expense for federal income tax purposes.

Join SCPhA or renew today at www.scrx.org or return, with payment, to SCPhA at
1350 Browning Rd. Columbia, SC 29210 • Fax: 803.354.9207
Questions? Call us at 803.354.9977!

