



MEMBERSHIP FORM
Pediatric Pharmacy Advocacy Group

Step 1: Member Information

First Name:		Last Name:	
Preferred Mailing Address: (H)(W)			
City:		State:	Zip:
Tele:	Fax:	Cell:	Pager:
Email:		Member Recruiter:	

Step 2: Professional Practice Information

Company/Institution:			
Position Title:		CPE Monitor ID:	
Degrees/Certifications:		DOB: (DD/MM)	Years of Practice:
Area of Expertise/Practice (Circle all applicable):			
Ambulatory Care	Informatics/Technology	Nutrition/GI	Teaching/Academic
Critical Care	Intensive care	Pediatric Formulation	Transplantation
General Peds	Medication Safety	Pharmacy Leadership	Urology/Nephrology
Hematology/Oncology	Neonatal	Pulmonary	Women's Health
Infectious Disease			
Local/Student Community or Network (if applicable)			

Step 3: Membership Category

<input type="checkbox"/>	\$210.00 Individual	For pharmacists committed to the goals of PPAG and is actively involved in or has substantial experience in pediatric pharmacy practice.
<input type="checkbox"/>	\$210.00 Associate	For non-pharmacists committed to the goals PPAG or pharmacists not actively involved in pediatric pharmacy practice.
<input type="checkbox"/>	\$60.00 Resident/Fellow	For pharmacists in a residency or fellowship program (Proof required)
<input type="checkbox"/>	\$60.00 Pharmacy Technician	For pharmacy technicians committed to the goals of PPAG
<input type="checkbox"/>	\$40.00 Student	For pharmacy students enrolled in an accredited school of pharmacy (proof required)

Step 3: Payment/Billing Information

Payment Option (Circle one):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Check (enclosed)
Card Number:	Exp Date:
Card Holder Signature:	
First Name:	Last Name:
Billing Address:	
City:	State: Zip:

Step 4: Mail or Fax to PPAG

PPAG Member Services | 7953 Stage Hills Blvd. Suite 101 | Bartlett, TN | 38133
Tele/Fax: 1-888-316-3617

