



Student/Resident Member Verification Form

Student Member: Student enrolled in an accredited school/college of pharmacy.

Resident/Fellow Member: Pharmacists in a residency or fellowship program.

In order to qualify for the reduced student or resident membership rate, please complete this form and obtain the appropriate signature.

I verify that _____ is a
name

student enrolled in an accredited school/college of pharmacy

pharmacist in a residency or fellowship program

at _____
name of college of pharmacy or residency/fellowship program

signature of department chair or academic advisor for students
or the program director for pharmacists in training programs

date

Please mail or fax the completed form to PPAG:

7975 Stage Hills Blvd Ste 6
Memphis, TN 38133
Fax: 901-266-4751