MEMBERSHIP ENROLLMENT FORM

SECTION 1: Contact Information

☐ Mr. ☐ Ms. ☐ Dr. Other:_____

_____

FIRST NAME MIDDLE INITIAL LAST NAME DESIGNATIONS (e.g., PharmD, RPh)

_____

PREFERRED E-MAIL ADDRESS

Providing your e-mail address allows you to receive timely updates from VAPhA and important news and information.

_____

PREFERRED FAX NUMBER

_____

HOME ADDRESS

_____

CITY STATE ZIP CODE HOME TELEPHONE

_____

WORK NAME & ADDRESS

_____

CITY STATE ZIP CODE TITLE/POSITION BUSINESS TELEPHONE

Pharmacist license number: _____ NABP e-Profile ID: _____

PREFERED MAILING ADDRESS: ☐ HOME ☐ WORK

_____

COLLEGE/SCHOOL OF PHARMACY ATTENDED or ATTENDING YEAR OF GRADUATION

SECTION 2: Practice Setting

Practice Setting:

☐ Academia (College or School of Pharmacy)
☐ Ambulatory Care Pharmacy
☐ Association/Regulation
☐ Chain Pharmacy
☐ Clinic (Outpatient) Pharmacy
☐ Consultant Pharmacy
☐ Hospital/Institutional (Inpatient) Pharmacy
☐ Independent Pharmacy
☐ Long-Term Care Pharmacy
☐ Mail Service Pharmacy
☐ Managed Care Pharmacy
☐ Mass-Merchant Pharmacy
☐ Nuclear Pharmacy
☐ Pharmaceutical Industry
☐ Physician Office-Based Pharmacy
☐ Specialty Pharmacy
☐ Supermarket Pharmacy
☐ Not currently working
☐ Retired
Other (specify) _____

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SECTION 3: Mentorship Program

Pharmacist

☐ Yes, I would like to mentor a student

☐ High school student | ☐ Pre-Pharmacy student | ☐ Pharmacy student

☐ No, I do not wish to mentor at this time

Student

☐ Yes, I wish to be included in the mentorship program

☐ No, I do not wish to participate in the mentorship program at this time

SECTION 4: Membership Category and Dues

☐ Active Pharmacist ……$ 100

☐ Pharmacy Student or Pre-Pharmacy Student ……$ 40

FREE VAPha Shirt for all new members! Please select your size below:

☐ X-Small | ☐ Small | ☐ Medium | ☐ Large | ☐ X-Large …… **FREE**

Membership Dues Amount **$_____**

Payment Options

☐ Personal Check

- Made payable to VAPhA
- Send your check to address below

☐ Money Order

☐ Venmo @Vapha (Vapha Association)

RETURN PAYMENT WITH THIS FORM TO:

VIETNAMESE AMERICAN PHARMACIST ASSOCIATION
PO Box 421313
Houston, TX 77242

☐ **By E-mail**: Please send completed application to VAPha at Info@vapha.net