



Committing to KPhA membership is easier than ever!

Most members can now sign up for auto renewal

To take advantage of this offer, select your automatic renewal choice and enter your account information below.

Membership will be prorated for the first year based on expiration date.

KPhA membership will then renew annually on January 1st*.

Member Type

Pharmacist \$225

Joint Pharmacist \$335

Senior Pharmacist \$150

Retired Pharmacist \$120

Joint Retired Pharmacist \$180

Technician \$50

Autorenewal Option

Monthly

Processed on the 1st day of each month
+\$2 per month processing fee

Annually

Processed January 1st each year

Additional Options

JCAP Membership

KPERF Donation \$ _____

Government Affairs \$ _____

Credit Card

Authorization for
automatic renewal

Visa

Mastercard

AMEX

Discover

Member Name: _____

Name on Card: _____

Card #: _____

Exp Date: _____ **CCV:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **e-mail:** _____

Signature: _____ **Date:** _____

*Payments for your KPhA membership will continue until you choose to cancel. To cancel, please provide signed written notice to the Kentucky Pharmacist Association at the address listed below. If you have any questions please contact the KPhA membership department at latha@kphanet.org or 502-227-2303.

Please submit this form along with your KPhA Membership Dues Invoice or Membership Enrollment Form by mailing to 96 C. Michael Davenport Blvd. Frankfort, KY 40601 or by fax at 502-227-2258.