

**Montana Pharmacy Association  
Membership Form  
2023/2024**

Please carefully review your MPA membership profile and complete any blank fields:

Name: \_\_\_\_\_ Education: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The above address is  Home  Business

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Username: \_\_\_\_\_

**Please provide a current email address.** Email is the primary means of communication from the MPA about legislative issues, member perks, continuing education offerings and more. We do not release your email address without permission and we do not overload your mailbox.

MPA may release my email address to pharmacy industry suppliers for advertising purposes.  Yes  No

**Pharmacists: Please let us know**

Community Pharmacist  Health Systems Pharmacist  Other \_\_\_\_\_

**Certifications:**

Please let us know of any certification you hold: \_\_\_\_\_

**Check your group or individual rate option:**

Individual Rates	Rate	Group Rates	Rate
<input type="checkbox"/> Pharmacist	\$ 175	<input type="checkbox"/> Pharmacy Business – two pharmacists and one technician -- \$350 Additional pharmacists - \$170 each Additional technicians -- \$25 each	Calculate and insert your rate.
<input type="checkbox"/> Pharmacist - Retired	\$ 75		\$
<input type="checkbox"/> Pharmacist – Out of State	\$ 60		
<input type="checkbox"/> Pharmacist-in-Residency	\$ 25	<input type="checkbox"/> Tele-Pharmacy Business – business and one technician; owner must have a Pharmacy Business membership.	\$ 75
<input type="checkbox"/> New Member – rate first year only	\$ 50		
<input type="checkbox"/> Technician	\$ 30		
<p align="center"><b>Check out the MPA website at</b> <a href="http://www.rxmt.org">www.rxmt.org</a>.</p>		<input type="checkbox"/> Household – two spouse/partner pharmacists at the same address	\$ 300
		<p align="center"><b>Please provide the updated form, including email, for each person in your group. Thank you.</b></p>	

**Voluntary Contributions:**

MPA Lori Morin Recognition Scholarship      Optional Donation Amount \_\_\_\_\_  
 Student Grant in Aid Scholarship      Optional Donation Amount \_\_\_\_\_  
 MT Legislative Advocacy Fund      Optional Donation Amount \_\_\_\_\_

**Your Total Payment Enclosed** \$ \_\_\_\_\_

**Pay by check:** Please return form and payment to MPA, PO Box 1569, Helena, MT 59624.  
**Pay online:** Go to [Join Now \(rxmt.org\)](http://Join Now (rxmt.org)) and use the appropriate membership button – available on both the home page and the Membership page.

**Questions?** Contact the MPA office – [info@rxmt.org](mailto:info@rxmt.org) or 406-449-3843

*Contributions made to the Montana Pharmacy Association are not deductible as a charitable expense but may be deducted as a business expense. MPA calculates that 70% of the dues are deductible as an ordinary business expense for federal tax purposes.*