



# Corporate Membership Application

Please return your completed application with your payment to:

Texas Pharmacy Assn.  
12007 Research, Suite 201  
Austin, TX 78759

Or FAX to:  
512-836-0308

Company Name \_\_\_\_\_

HQ Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Name of Primary Contact \_\_\_\_\_ (Membership is for company, but a primary contact is needed)

Title/Position: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

FAX \_\_\_\_\_ Email \_\_\_\_\_

**Annual Corporate Membership Dues are \$1,000.00. Secondary memberships are \$250.00 each.**  
You may add up to two (2) company employees as Secondary Corporate Members.

**Secondary Member 1** (Please place a check (✓) next to your preferred mailing address

Name \_\_\_\_\_

( ) Home Address \_\_\_\_\_

( ) Work Address \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (H) \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

**Secondary Member 2** (Please place a check (✓) next to your preferred mailing address

Name \_\_\_\_\_

( ) Home Address \_\_\_\_\_

( ) Work Address \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (H) \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

### Payment Information

**Check:** My check for \$\_\_\_\_\_ is enclosed

**Credit Card:** Check (✓) one ( ) VISA ( ) MasterCard ( ) American Express

Amount to be Charged \_\_\_\_\_ Acct. # \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

I authorize Texas Pharmacy Association to charge my credit card for the amount specified above:

\_\_\_\_\_  
**Signature**

For more information, please call TPA: 512-836-8350 or 800-505-5463 and ask for Ext. 119