

**Wichita Academy of Pharmacists**

**New Member Application**

**Name & Address** (Best location to *currently* send mail)Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip code

***Please note your contact preference (Circle One): EMAIL or PHONE***

E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Employment**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

University: Degree Graduation Year

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**Professional, Social, or Philanthropic Organizations**

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**Send completed form to:**

**The Wichita Academy of Pharmacists**

**P. O. Box 3711, Wichita, KS 67201-3711**

**OR email to** [**www.wichitarph@gmail.com**](about:blank)

**Pay by check, credit card, or PayPal**

**Membership Dues: $150 per year for pharmacists, $75 per year for residents/students**