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**Want to become more involved in your profession and make a difference?**

**Interested in networking with other local professionals in the field of pharmacy?**

**Want to stay up to date on the latest information in pharmacy while earning CE credits?**

BECOME A MEMBER OF THE SOUTHWEST IOWA PHARMACISTS ASSOCIATION TODAY!

**The Southwest Iowa Pharmacists Association represents pharmacy professionals from all practice settings and promotes unique opportunities for collaboration, professional development, and advancement of the field of pharmacy.**

# **MEMBERSHIP RUNS FROM April 2025 THROUGH April 2026**

**Your annual membership dues helps the association provide many services and projects: Continuing Education programs, affiliation with the Iowa Pharmacy Association, as well as many other projects on an as needed basis.**

**VISIT OUR WEB SITE AT SIPARX.ORG TO JOIN ONLINE AND FOR MORE INFORMATION. FOLLOW US ON FACEBOOK.**

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**\_\_\_ I would like to contribute to the Southwest Iowa Pharmacists Association Lou Carta Scholarship Fund:**

***Please circle amount*: $15 $25 $50** ***Or other amount:*** $\_\_\_\_\_\_\_\_\_\_

**Dues: (please check one)**

**\_\_\_ Practicing Pharmacist (voting) …………………………………….…. $75.00**

**\_\_\_ Retired Pharmacist (voting) …………………………….……………. $25.00**

**\_\_\_ Pharmacy Technician (non-voting) ……………………………….. $25.00**

**\_\_\_ Pharmacy Student (non-voting) …………………………………….. $25.00**

**\_\_\_ Pharmaceutical Representative/Associate (non-voting).. $60.00**

**Total enclosed: $\_\_\_\_\_\_\_\_\_**

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**Please complete the following information, so we can be sure to update our membership list. This information can also be updates online at *siparx.org***

**\_\_\_\_\_\_\_*US Mail--In an effort to save mailing expenses,* *please mark here if you would like to receive future communication by US Mail. Otherwise, you will receive communication via email only.***

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home or Work (circle one)**

**Employer and Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### ***Please register online at siparx.org or return to SIPA c/o Tom Fox 1612 Baldwin, Harlan, IA 51537***