

OPA Membership Rx 2011

A Prescription for Professional Growth



PASS IT ON and EARN \$\$

Earn a \$25 VISA gift card for each new member you recruit & you could win a **\$500 Visa Gift Card!** Plus your new member also earns a \$25 VISA gift card!

Pass It On: Peace of Mind. Personal Growth. Protection.

It Pays to Recruit!

The OPA Membership Rx 2011 referral program offers you a chance not only to introduce your colleagues to the many benefits and opportunities of membership, but also to earn rewards for yourself. You'll receive a \$25 VISA gift card for every new member* you recruit and we'll give the member you recruit a \$25 VISA gift card for joining! Plus - for **EACH** new member you recruit, your name will be placed in a drawing for a **\$500 Visa Gift Card!** It's our way of saying Thank You!

Recruiting New Members is Easy!

Talk to your colleagues about the value OPA brings to the profession and to you personally. Then simply provide prospective members with a copy of the membership application below. You'll be supporting them in advancing their careers and gaining support for your profession. Remember, it's **your** association.

**New Member - Anyone who has not previously belonged to the Ohio Pharmacists Association or who has not been a member in the last two years.*

OHIO PHARMACISTS ASSOCIATION 2011 Membership Application

To start receiving your OPA member benefits more quickly, join securely online at www.ohiopharmacists.org/join.

Referred by (current OPA Member only) _____

NEW MEMBER INFORMATION

Name _____ Ohio Pharmacist License # _____

Home Address _____ Company Name _____

City _____ State _____ Zip _____ Company Address _____

Home Ph. (____) _____ Cell Ph.(____) _____ City _____ State _____ Zip _____

College Attended _____ Work Ph. (____) _____ Fax (____) _____

Year Graduated _____ Preferred Mailing Address Home Company

Preferred E-Mail Address _____

Providing your e-mail address allows OPA to send instant alerts about important pharmacy-related news. OPA does not sell or distribute member e-mail addresses.

OPA MEMBERSHIP CATEGORIES (please select one)

- Active Member \$235
(entitled to full membership benefits)
- 1st Year Pharmacist \$75 (2010 Graduate)
(entitled to full membership benefits for discounted rate of \$75)
- 2nd Year Pharmacist \$160 (2009 Graduate)
(entitled to full membership benefits for discounted rate of \$160)
- Joint with Spouse Active Member \$120
(active member pays full rate and both members are entitled to full membership benefits)
- Retired Member \$100
(entitled to full membership benefits; must be 65 and retired from full-time practice)
- Associate Member \$175
(a non-voting membership category for non-pharmacists interested in supporting the pharmacy profession)

PAYMENT

Check Made Payable to *Ohio Pharmacists Association* enclosed OR Please Bill My Credit Card VISA MASTERCARD

Acct # _____ Exp. Date _____ Sec. Code _____ Name on Card _____

Billing Address _____ City, State Zip _____

(if address is different from above)

Mail your completed application to: Ohio Pharmacists Association, 2155 Riverside Dr., Columbus, OH 43221

Credit card payments may also be made by phone at 614.586.1497 or by fax to 614.586.1545. **Or join securely online at:** www.ohiopharmacists.org/join

Membership dues may constitute an ordinary and necessary business expense, but are not a charitable deduction. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that OPA engages in state or federal lobbying. The non-deductible portion of the dues for 2011 is 15%.

This offer is valid October 15, 2010 - March 31, 2011