



Annual Membership Application

Please print and complete this annual membership application and mail, along with payment, to the address below

Membership Term: July 1, 20____ through June 30, 20____

Membership Type:

- Active An individual directly engaged in the education and training of pharmacy technicians.
- Associate An individual who supports pharmacy technician education and training.
- Corporate Sponsor A business or educational institutions supporting pharmacy technician education and training.

Membership Dues:

- \$86 Includes annual membership, website access, listserv membership, preferred conference registration rates, and subscription to the *Journal of Pharmacy Technology* **(A 45% savings on the regular subscription price.) PTEC Best Value Membership**
- \$55 Includes annual membership, website access, listserv membership, preferred conference registration rates.
- \$500 Corporate Membership Includes annual membership, website access, listserv membership, preferred conference registration rates. (Membership information below is for the corporate representative)

Membership Information (Please Type or Print Legibly):

First Name Middle Initial Last Name

Professional Credential (CPhT, RPh, etc.) Education Credential (BA, BS, MA, MEd, PhD, EdD, etc.)

Professional Title

Institution Name

Preferred Contact Information:

Street Address

City State Zip Code + 4

Telephone Email Address

If you have a special interest, or are willing to volunteer your time to work on a committee, please briefly explain your interests on the back of this application form. Send application and payment to:

**PTEC Membership
c/o Lisa McCartney
7366 FM 672
Dale, TX 78616**

Questions about membership in Pharmacy Technician Educators Council, please contact PTEC Vice President, John Ross at vicepresident@rxptec.org.