



# Florida Independent Pharmacy Network

*"Serving the Interests of Independent Pharmacies in Their Endeavor to Better Serve Their Communities"*

## **FIPN MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PHARMACY/SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

### **MEMBERSHIP CATEGORIES & DUES**

- PHARMACY OWNER \$250   
  PROFESSIONAL ASSOCIATE \$150   
  CORPORATE MEMBER \$300  
 PHARMACY TECHNICIAN \$25   
  STUDENT \$0 (*FREE - if enrolled in Pharmacy School*)

### **NETWORK SUPPORT (OPTIONAL)**

#### **FLORIDA PHARMACY SMALL BUSINESS POLITICAL ACTION COMMITTEE (FPSB-PAC)**

- \$250   
  \$500   
  \$1,000   
  OTHER \$ \_\_\_\_\_

#### **LEGISLATIVE DEFENSE FUND**

- \$250   
  \$500   
  \$1,000   
  OTHER \$ \_\_\_\_\_

- \$50 MONTHLY (AUTO)   
  \$100 MONTHLY (AUTO)   
  OTHER \$ \_\_\_\_\_ MONTHLY (AUTO)

### **METHOD OF PAYMENT**

- CHECK (*PAYABLE TO FIPN*)   
  CREDIT CARD (*CIRCLE ONE BELOW*)

VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

NAME ON CARD \_\_\_\_\_ EXP DATE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ CVC \_\_\_\_\_

TOTAL AMOUNT OF PAYMENT: \$ \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PLEASE EITHER MAIL, FAX, OR EMAIL TO:** ATTENTION: JESSICA GARDNER, MARKETING MANAGER  
MAIL: 3375-I CAPITAL CIRCLE NE. TALLAHASSEE, FL 32308

FAX: (850) 895-3054 | EMAIL: [JGARDNER@PPSCONLINE.COM](mailto:JGARDNER@PPSCONLINE.COM)

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