

## Corporate Membership Application

**Check one:**     new     renewal

<b>Company Data:</b>				<b>Contact Data:</b>			
Name:				Name:			
Address:				Position/Title:			
City:				Phone:			
State:		Zip:		Fax:			
Phone:				Email:			
Website URL:							

**Main Focus (check one):**

- Institutional   
  Ambulatory   
  Industry   
  Technology   
  Retail/Community   
  Education  
 Research & Development   
 Home Health   
 Other: \_\_\_\_\_

**Corporate Member Rate: \$300 annually**

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**Corporate Member Benefits:**

- Corporate Logo displayed on the AAPT website homepage for one year [www.pharmacytechnician.com](http://www.pharmacytechnician.com)
- Corporate Information included in one bulk e-mail per year. AAPT bulk e-mails reach over 1,300 pharmacy professionals!
- 50% off Convention Sponsorship/Marketing
- One complimentary Member Spotlight posted on the AAPT website. Member Spotlight highlights the accomplishments of a pharmacy technician who you choose to honor and who is employed at your site. Corporate logo is displayed at the bottom of the Member Spotlight page.

**Method of Payment:**

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**Total Enclosed: \$:** \_\_\_\_\_

Check payable to AAPT # \_\_\_\_\_

Credit Card (**PLEASE NOTE: Credit card payments are not secure when sent by e-mail.**)

VISA     MasterCard

Account No: \_\_\_\_\_ Exp Date (MM/YY): \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_