# accpimage

# Dallas-Fort Worth American College of Clinical Pharmacy

**President:** **Membership Coordinator:**

Nicole McNulty, PharmD, BCACP Jennifer Leiby, PharmD, BCPS

### MEMBERSHIP APPLICATION and RENEWAL FORM

**Please return via mail or email to:**

**DFW-ACCP OR dfw.accp@gmail.com**

**PO Box 224134**

**Dallas, TX 75222-4053**

#### Pharmacist Resident Student

#### Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Specialty Areas:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution or School of Pharmacy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Address: Home Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National ACCP member: Yes No

National ACCP members ($30 per calendar year Jan-Dec 2015)

DFW ACCP Membership only ($40 per calendar year Jan-Dec 2015)

Residents ($25 per academic year July 2015-Aug 2016)

Student Membership ($20 per calendar year Jan-Dec 2015)

* Now accepting CREDIT CARDS (via PayPal only-*preferred option*) and CASH/CHECK (by mail or in person only)
  + Please visit our website www.dfwaccp.org for payment via PayPal. A $1 service charge will be added to your membership dues if paying via PayPal.