

To [RENEW](#) Your Membership - [Click Here](#)



[Join Today](#) and Add YOUR Voice to IPhA!

Please select the [type of membership](#) that you are interested in:

-

[Pharmacist](#)

-

Regular Active - **\$275**

-

Academic Active - **\$137.50**

-

Joint (Spouse/Partner of Regular Active) **\$137.50**

- New Practitioner			
- Post Graduate/Resident-Year 1		\$55	
- Post Grad/Resident Year 2		\$110	
Post Grad Year 3	-		\$165
- Post Grad Year 4	-	\$220	
-			
Out-of-State	-	\$110	
-			
Retired (non-working pharmacist)		\$110	
-			
Pharmacy Technician	-		\$40
-			
Student Pharmacist	-		\$20
-			
Associate (Non-Pharmacist)	-		\$275

Do you need a [Printable Application?](#)