

DUES YEAR JANUARY 1-DECEMBER 31, 2010

Section 1 - Practice Information

Circle appropriate answers

A. CURRENT POSITION:

Staff • Owner • Manager • Other _____

B. CURRENT PRACTICE SETTING:

Independent • Chain • Hospital • LTC • Other _____

C. SEND MY CORRESPONDENCE TO MY Home • Business

D. NAME OF SPONSOR (if applicable)

Section 2 - Membership Type

I am applying for:

- Active Membership (Degree in Pharmacy) - \$250.00
 Active Retired (65 or older w/5 years prior membership) - \$112.50
 Associate Member (Pharmacy Technicians, Manufacturers, etc.) - \$100.00

New Practitioners (Recent Graduates)

- 2010 Grad - FREE 2009 Grad - \$56.25
 2008 Grad - \$112.50 2007 Grad - \$168.75

- Student PSSNY (Still in Pharmacy College) - \$10.00
 Student PSSNY & Journal Subscription - \$40.00

Section 2 Total: \$ _____

Section 3 - Academies

*First Academy membership is FREE, each additional membership is \$30.00

- | | |
|---|--|
| <input type="checkbox"/> Academy of Independent Owner Pharmacists (AIOP) | <input type="checkbox"/> Academy of Consultant Pharmacists (ACP) |
| <input type="checkbox"/> Academy of Home Health Care Providers (AHHCP) | <input type="checkbox"/> Academy of Employee Pharmacists (AEP) |
| <input type="checkbox"/> Academy of Clinical Pharmacists (ACLP) | <input type="checkbox"/> Academy of Retired Persons (ARP) |
| <input type="checkbox"/> Academy of Pharmacy Students (APS) | <input type="checkbox"/> Academy of Manufacturer Representatives (AMP) |
| <input type="checkbox"/> Academy of Pharmacy College Academicians (APCA) | <input type="checkbox"/> Academy of Pharmacy Management (APM) |
| <input type="checkbox"/> Academy of IV, Nuclear & Compounding Pharmacists (AIVCP) | <input type="checkbox"/> Academy of New Practitioners (ANP) |

Section 3 Total: \$ _____

Section 4 - County & School

Select the county you work or reside in: _____ Pharmacy School (if applicable): _____ Grad Year: _____

Cayuga Livingston Monroe Ontario Seneca Wayne Yates

Section 5 - Personal Information

Name: _____

Company: _____

Business Address: _____

Business City/State/Zip: _____

Home Address: _____

Home City/State/Zip: _____

Business P: (_____) _____ Home P: (_____) _____

Fax: (_____) _____ E-Mail: _____

SSN#: _____ License #: _____

Section 6 - Payment Information

Section 2 Total: _____

Section 3 Total: _____

Voluntary PAC Contribution: _____

Voluntary Legal Defense Fund Contribution: _____

Section 6 Total: \$ _____

Payment:

- Visa MasterCard Discover American Express
 Check made payable to PSSNY

Card Number: _____

Expiration Date: _____

Signature: _____

MAKE YOUR CHECK PAYABLE TO PSSNY AND MAIL OR FAX TODAY!!

Dues paid to the Pharmacists Society of the State of New York or any affiliated professional organization are not deductible as charitable contributions for federal income tax purposes. However, dues payments are deductible by members as an ordinary and necessary business expense or as a miscellaneous deduction on form 1040.

Due to the Revenue Reconciliation Act of 1993, membership dues attributed to lobbying expenses are no longer tax deductible.

Therefore, the Board of PSSNY has determined that 15% of your dues payment is not deductible.