YES! I want to join the VPhAPAC to support candidates who share VPhA's values on healthcare and the impact pharmacy makes to improve the quality of life for our patients!

VPhAPAC GOLD Member – ONLY $75 PER MONTH

□ $900 Annually
□ $225 Quarterly

VPhAPAC SILVER Member – ONLY $50 PER MONTH

□ $600 Annually
□ $150 Quarterly

VPhAPAC Member – ONLY $25 PER MONTH

□ $300 Annually
□ $75 Quarterly

Last Name **First Name** **MI**

Street Address (Apt Number), City, State, Zip Code

Virginia Pharmacist License or Pharmacy Technician Registration Number

Place of Employment **City and State of Employer**

Email Address **Phone Number**

Amount Enclosed or Amount to Charge Master Card or Visa: $_____

Master Card or Visa Number **Expiration Date** **3-Digit Security Code**

Signature (Required on Credit Card Payments)

Make checks payable to "VPhA Rx Care PAC"
Return completed form and payment to:
VPhA, 2530 Professional Road, Richmond, Virginia 23235 or fax to (804) 285-4227