

SOUTHWEST INDIANA PHARMACEUTICAL ASSOCIATION
Membership Application

Dues for SWIPA members for 2007 will be \$25.00. Dues are payable at application and in January of each year. Please fill out the information below and mail with a check, payable to SWIPA, to the following address:

**SWIPA,
P.O. Box 502
Evansville, IN 47703**

Name/Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Check if new address: _____

Home Phone: () _____ Home Fax: () _____

E-mail Address: _____

Please check one: _____ Pharmacist _____ Technician

Workplace: _____

Work Phone: () _____ Work Fax: () _____

Please check one: _____ New application _____ Renewal

The Officers and Board of Directors appreciate your support of SWIPA.

Thank you,
Lloyd Claybaugh, Treasurer