

SOUTHWEST INDIANA PHARMACEUTICAL ASSOCIATION
Membership Application

Dues for SWIPA members for 2008 will be \$30.00. Dues are payable 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: _____ Pharmacist Technician

Home Address: _____ Check if new address

City: _____ State: _____ Zip: _____

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

E-mail Address: _____ New Application

Workplace: _____ Renewal Application

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

The Officers and Board of Directors appreciate your support of SWIPA.
Thank you, Lloyd Claybaugh, Treasurer