

**SOUTHWEST INDIANA PHARMACEUTICAL ASSOCIATION**  
**Membership Application**

Dues for SWIPA members for 2011 will be \$30.00. Dues are payable in July 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: \_\_\_\_\_  I prefer paper mailings

Workplace: \_\_\_\_\_  New Application

Work Phone: (    ) \_\_\_\_\_ Work Fax: (    ) \_\_\_\_\_  Renewal Application

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

For more information, visit us on Facebook or at our website at [www.swipa.org](http://www.swipa.org).