



MEMBERSHIP APPLICATION

Terms not otherwise defined herein shall have the meanings ascribed thereto in the Articles of Incorporation or the By Laws of the Corporation.

Section 1. Name of Pharmacy on Permit from Louisiana State Board of Pharmacy (if applying as a Membership Group, list each Pharmacy to be included in the Membership Group)

Name of Pharmacy*** _____

NCPDP Number _____ NPI Number _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ Parish _____

Pharmacist in Charge _____ Pharmacy Permit Number _____

Who is/are your wholesale drug supplier(s)? _____

Section 2. The following individual is hereby appointed as the Membership Representative to receive notices, vote and represent the Member in all Membership matters:

Name _____

Address _____

Phone No _____ Fax No _____

Email Address _____

Section 3. By signing this Agreement, the undersigned as the Authorized Signatory, does represent and warrant that he/she is a the duly authorized representative of the Member and does further covenant and agree that the Member shall follow all of the rules, regulations and requirements established by the Articles of Incorporation and By-Laws of the Corporation and that the Member does agree to pay the required Initiation Fee and monthly Assessed Amount as provided for from time to time in the By Laws of this Corporation.

And Now appears the Member Representative, who does hereby accept the appointment as the Member Representative for the Owner(s) pursuant to the Articles of Incorporation and the By Laws of this Corporation.

Authorized Representative of Pharmacy

Date

Member Representative

Date

Return application and membership fee **along with a \$100 initial membership fee** to:

Louisiana Independent Pharmacies Association
543 Spanish Town Rd
Baton Rouge, LA 70802

*** Identify the legal name of the entity or person operating the Pharmacy location, i.e., the corporation, partnership, limited liability company, or in the case of a sole proprietorship the name of the individual.