

Toledo Academy of Pharmacy  
Annual Dues  
September 2010 – August 2011  
Due by October 1, 2010

## MEMBER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

*(Please include your zip+4 code.)*

Preferred Contact Telephone No.

(Home) ( ) \_\_\_\_\_

or

(Cell) ( ) \_\_\_\_\_

or

(Work) ( ) \_\_\_\_\_

(Email) ( ) \_\_\_\_\_

Ohio Pharmacy Lic. # \_\_\_\_\_

Please Indicate:

\_\_\_ 2010 Graduate (One Year Free Membership)

\_\_\_ New Member (\$60)

\_\_\_ Renewal (\$60)

### **MEMBERSHIP FORM MUST ACCOMPANY CHECK**

*Send check payable to:*

Toledo Academy of Pharmacy

c/o Adell Shehab RPh

5618 Dianne Ct.

Toledo, Ohio 43623