

Toledo Academy of Pharmacy  
Annual Dues  
September 2009 – August 2010  
Due by October 30, 2009

## MEMBER INFORMATION

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

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

\_\_\_\_\_

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

Telephone No. (Home) ( ) \_\_\_\_\_

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

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

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

Please Indicate:

New Member (\$60)

Renewal (\$60)

*Send check payable to:*

Toledo Academy of Pharmacy

c/o Adell Shehab RPh

5618 Dianne Ct.

Toledo, Ohio 43623