



2018-2019 Annual Membership Application

Please print legibly and complete this annual membership application and mail, along with payment, to the address below. Be sure all the information is provided and is complete. This includes your NABP ID and your month and day of birth.

Membership Term: One year from the date payment is received.

Membership Types and Dues:

- \$65 INDIVIDUAL ACTIVE OR AN ASSOCIATE MEMBER Includes annual membership, website access, listserv membership, and preferred conference registration rates
- \$500 CORPORATE MEMBERSHIP Includes annual membership, website access, listserv membership, and preferred conference registration rates for 5 individuals

Membership Information: ALL OF THIS INFORMATION WILL BE THE OFFICIAL INFORMATION THAT WILL BE USED TO STAY IN CONTACT WITH YOU.

First Name Middle Initial Last Name

Professional Title (instructor, program director, etc.)

Institution Name

Street Address

City State Zip Code

Telephone Email Address (business and Google group use)

NABP CPE ID MM/DD/YY of Birth How did you hear about PTEC?

If you do not have a CPE monitor ID, please visit <http://bit.ly/29TnYWv> to obtain one.

If you have a special interest, or are willing to volunteer your time to work on a committee, please briefly explain your interests on the back of this application form. Send application and payment to:

**PTEC Membership c/o Francesca Morris
14832 Willie Worsley Ave
El Paso, TX 79938**

If you have questions about membership in Pharmacy Technician Educators Council, please contact PTEC Director of Member Services, Francesca Morris, memberservices@pharmacytecheducators.com.