

# SOCIETY OF AIR FORCE PHARMACY MEMBERSHIP APPLICATION

(Please Print or Type)

Make check or money order payable to **Society of Air Force Pharmacy** and mail payment and application to:

**Darnell Newkirk, Enlisted Secretary-Treasurer**  
**P.O. Box 473115**  
**Aurora, CO 80047-3115**

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Rank/Grade	SSAN Last 4		
<b>ADDRESSES</b> ( Check box for the address to be used for Society correspondence)			
Home Street <input type="checkbox"/>		Apartment/Unit #	
Address			
City	State	ZIP	
Business <input type="checkbox"/>			
Address			
City/Base	State	ZIP	
Phone DSN	E-mail Address		
Home Phone ( )			
<b>Professional Status</b> (Check appropriate block)		<b>Duty Status</b> (Check appropriate block)	
Pharmacist <input type="checkbox"/>	Active Duty <input type="checkbox"/>		
Technician <input type="checkbox"/>	RES/NG <input type="checkbox"/>		
Other: <input type="checkbox"/>	Civilian/ Contractor <input type="checkbox"/>		
	Retired <input type="checkbox"/>		
<b>AREAS OF INTEREST</b> (Check all that apply)			
Outpatient Pharmacy <input type="checkbox"/>	Pharmacoeconomics <input type="checkbox"/>		
Inpatient Pharmacy <input type="checkbox"/>	Research <input type="checkbox"/>		
Management <input type="checkbox"/>	Teaching <input type="checkbox"/>		
Clinical Pharmacy <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>		

**AGREEMENT:** I hereby apply for membership in the Society Of Air Force Pharmacy (SAFP) and agree to abide by its Constitution and Bylaws and to support its objectives. I understand that acceptance of my dues is contingent upon approval by the Board of Directors.

**DUES:** Options (Check one)

<input type="checkbox"/>	Enlisted/Civilian Tech. - \$15.00 for 1 year	<input type="checkbox"/>	Enlisted/Civilian Tech. - \$30.00 for 3 years
<input type="checkbox"/>	Officer/Civilian RPh - \$25.00 for 1 year	<input type="checkbox"/>	Officer/Civilian RPh - \$ 50.00 for 3 years
<input type="checkbox"/>	Officer/Enlisted/Civilian Lifetime Membership \$250.00		
<input type="checkbox"/>	New Pharmacist Accession ( <b>No Dues</b> for first year of active duty) <b>Date of Commissioning:</b>		
<input type="checkbox"/>	Enlisted/Civilian Technician ( <b>No Dues</b> for one year for first time ever membership)		

**NOTE:** This fee must be sent to the Treasurer along with this application for SAFP membership. Make checks or money orders payable to "Society of Air Force Pharmacy".

**Applicant's Signature** \_\_\_\_\_

**FOR USE BY BOARD OF DIRECTORS:** Authenticated by: \_\_\_\_\_ Date: \_\_\_\_\_

Board Action:

Approved  Disapproved

Membership Category:

Member  Affiliate  Honorary  Corporate  Distinguished