

PTEC Annual Membership Application Form

PLEASE PRINT AND COMPLETE THIS APPLICATION FORM THEN MAIL IT, ALONG WITH YOUR CHECK TO THE ADDRESS BELOW.

July 1, 20____ - June 30, 20____

Active _____
\$80.00 US with Journal subscription
\$55.00 US without Journal subscription

I am involved in the education of pharmacy technicians

Associate _____
\$80.00 US with Journal subscription
\$55.00 US without Journal subscription

I am not involved in the education of pharmacy technicians but would like to support the activities of PTEC

Corporate _____
\$500.00 US

I am not involved in the education of pharmacy technicians, but would like to support the activities of PTEC. Place name of corporate representative here _____

(Please Type or Print Legibly)

NAME (First, Middle, Last): _____

PROFESSIONAL TITLE (CPhT, R.Ph., RN, etc.): _____

PROFESSIONAL TITLE (Director, Instructor, etc.): _____

INSTITUTION NAME: _____

PREFERRED MAILING ADDRESS: Street: HOME: _____ WORK: _____

(city)

(state)

(zip)

(country)

() _____ EXTENSION: _____
PREFERRED TELEPHONE: HOME: _____ WORK: _____

PREFERRED E-MAIL ADDRESS: _____

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.

Please make checks payable to: Pharmacy Technicians Educators Council (PTEC)

Send application and payment to:

PTEC Membership
c/o Lorie Sewchok
Manchester Bidwell Corporation
1815 Metropolitan St.
Pittsburgh, PA 15233

If you would like to speak with someone in person about membership in the Pharmacy Technician Educators Council, please call Sandi Tschritter President at 509-533-8199 or e-mail at stschritter@scc.spokane.edu