Montana Pharmacy Association
Membership Form
2026-2027

Please carefully review your MPA membership profile online and complete any blank fields:
Name: **Education:**

Employer:

Address:

City, State, Zip:

The above address is ☐ *Home* ☐ *Business*

Phone: **Email:**

Please provide a current email address. *Email is the primary means of communication from the MPA about legislative issues, member perks, continuing education offerings and more. We do not release your email address without permission and we do not overload your mailbox.*

MPA may release my email address to pharmacy industry suppliers for advertising purposes. ☐ Yes ☐ No

Pharmacists: Please let us know
☐ Community Pharmacist ☐ Health Systems Pharmacist ☐ Other _____

Certifications:
Please let us know of any certification you hold: _____

Check your group or individual rate option:

Individual Rates	Rate		Group Rates	Rate
☐ Pharmacist	$ 175		☐ *Pharmacy Business – *two pharmacists and one technician -- $350* *Additional pharmacists - $170 each* *Additional technicians -- $25 each*	Calculate and insert your rate. $
☐ Pharmacist - Retired	$ 75			
☐ Pharmacist – Out of State	$ 100			
☐ Pharmacist-in-Residency	$ 25		☐ Tele-Pharmacy Business – *business and one technician; owner must have a Pharmacy Business membership.*	$ 75
☐ New Member – rate first year only	$ 50			
☐ Technician	$ 30			
☐ Student	$ 10		☐ Household – *two spouse/partner pharmacists at the same address*	$ 300
Check out the MPA website at www.rxmt.org			***Please provide the updated form, including email, for each person in your group. Thank you.***	

Voluntary Contributions:

☐ MPA Lori Morin Recognition Scholarship Optional Donation Amount _____
☐ Student Grant in Aid Scholarship Optional Donation Amount _____
☐ MT Legislative Advocacy Fund Optional Donation Amount _____
☐ Past MPA President Grant Optional Donation Amount _____
☐ Stuart Doggett MPA Scholarship Optional Donation Amount _____

Your Total Payment Enclosed **$**_____

Pay by check: Please return form and payment to MPA, PO Box 1569, Helena, MT 59624. **Pay online:** Go to Join Now page (rxmt.org) and use the appropriate membership button. **Questions?** Contact the MPA office – info@rxmt.org or 406-449-3843

-Contributions made to the Montana Pharmacy Association are not deductible as a charitable expense but may be deducted as a business expense. MPA calculates that 70% of the dues are deductible as an ordinary business expense for federal tax purposes.