

Academy of Pharmacy of Central Ohio

APCO
PO Box 1041
Dublin, Ohio 43017-1041

Phone: 614-315-9359 (Daytime only please)
www.centralohiopharmacist.org
E-mail: apco@centralohiopharmacist.org

DUES RENEWAL 2010

MEMBER NAME (PLEASE PRINT)

MEMBER INFORMATION:

ADDRESS: _____

TELEPHONE: (____) _____

OHIO PHARMACIST LICENSE NUMBER

EMAIL ADDRESS _____

Active (\$100)	Joint (\$150)	Retired (\$50)	Associate (\$100)	Technician (\$35)	Postage Donation	Total

Please select membership category above. If you wish to make an additional donation to help defray the cost of postage, please indicate the amount in the box as noted.

Make checks payable to: **APCO**

Make donations to the Pharmacy Foundation of Ohio **with a separate check** made payable to: **Pharmacy Foundation of Ohio**

For APCO use ONLY

Date received:

Check number: