

**South Dakota Association of Pharmacy Technicians
(SDAPT)**

**Membership Renewal FORM
July 1, 2011-August 31, 2012**

NAME _____

FULL ADDRESS _____

HOME PHONE _____ EMAIL ADDRESS _____

EMPLOYER _____

EMPLOYERS ADDRESS _____

WORK PHONE _____ WORK FAX _____

CPhT (Yes or No) _____ CERTIFICATION NUMBER _____

PHARMACY TECHNICIAN _____ Other _____

PAST MEMBER OF SDAPT: YES _____ NO _____ NEW MEMBER _____

Please list any other state or national pharmacy organizations you belong to

Are you willing to serve on a committee? _____

****PLEASE make checks/money orders payable to SDAPT and mail to:**

***** MEMBERSHIP FEE: \$35.00 *****

BONNIE SMALL
SDAPT TREASURER
19896 Canning Road
BLUNT, SD 57522

Do you prefer on site CE? _____ Home study? _____ Online? _____

Please list any continuing education topics you would be interested in.

*****ATTENTION!! ***** This form is for membership in the South Dakota Association of Pharmacy Technicians (SDAPT) only and should not be confused with technician registration that is required by the South Dakota Board of Pharmacy. Any fees submitted are non refundable.**
