



National Diamondback Pharmacy Alumni Council
P.O. Box 13052, St. Petersburg, FL 33713-3052
www.NationalDPAC.com

MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

Phone: _____ Date: _____

Email: _____

____ Yes, I would like to pay/renew my NDPAC membership _____
(\$75.00)

____ Yes, I would like to pay my local chapter dues [_____] \$ _____
Chapter

____ Yes, I would like to support the Fundraising Initiative \$ _____
(Check Appropriate Ones Below)

[] Scholarship [] Student Academic Activities [] Annual Fund

Payment Options

____ Online Payment at www.NationalDPAC.com

____ Check to: **NDPAC, P.O. Box 13052, St. Petersburg, FL 33713-3052**

____ Credit Card Type _____

Card Number: _____ Exp. Date _____

Please Fill Out and FAX to (813) 975-4865 or
visit www.NationalDPAC.com for more information.