



**Our Mission is**

*To promote the highest standards for patient care while advancing the practices of Compounding, Long Term Care and Infusion/Specialty Pharmacy*

**Membership Application**

Please check the appropriate box and mail application to **California Council for the Advancement of Pharmacy** (or you may use the acronym, **CCAP**); send to **P.O. Box 582222 Elk Grove, CA 95758**.

You may also scan and email your application to [info@ccap-rx.org](mailto:info@ccap-rx.org) or you may fax it to 916-242-7221.

If you have questions, please call the CCAP office at 916-647-6167 or email questions to [info@ccap-rx.org](mailto:info@ccap-rx.org).

*Membership Categories (All dues are calculated on an annual basis)*

**Compounding Pharmacy** (Dues may be paid annually, semi-annually or quarterly)

- Sterile**.....\$1500
- Non-Sterile Only**.....\$1000

**Long Term Care Pharmacy** (Dues may be paid annually, semi-annually or quarterly)

(Based upon bed count)

- 0-1000.....\$ 1,500
- 1001-2500.....\$ 3,000
- 2501-5000.....\$ 6,000
- 5001-10,000.....\$12,000
- 10,001 Plus.....\$24,000

**Infusion/Specialty Pharmacy** (Dues may be paid annually, semi-annually or quarterly)

- Infusion**.....\$ 1,000
- Specialty**.....\$ 1,000

**Professional Member (non-owner)** (Dues to be paid annually)

- Compounding Pharmacist.....\$ 500
- LTC Pharmacist.....\$ 500
- Infusion/Specialty Pharmacist.....\$ 500
- Other Healthcare Professional.....\$ 500

**Industry Member** (Dues to be paid annually)

- .....\$ 1,000

\_\_\_\_\_  
(Company Name)

Applicant Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Please complete the entire application, and if you qualify for, and elect to have quarterly or semi-annual billing, please indicate your preference by circling it, before mailing the completed application to the aforementioned name and address. You will receive an invoice upon receipt of your application.**

*The California Council for the Advancement of Pharmacy, Inc., is a nonprofit organization incorporated as a 501 (c) 6. Tax payer identification number is 46-4359960.*