

# Mississippi Independent Pharmacies Association (MIPA) Membership Application

## Pharmacy Information:

Name on License of Location with the Mississippi State Board of Pharmacy (if applying as a Membership Group, list each Independent Pharmacy):

1. \_\_\_\_\_ License #: \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_ County: \_\_\_\_\_

2. \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_ County: \_\_\_\_\_

3. \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_ County: \_\_\_\_\_

## Wholesaler Information:

Primary wholesaler: \_\_\_\_\_

Secondary wholesaler: \_\_\_\_\_

## Owner Information:

Name of Owner: \_\_\_\_\_

Principal Business Address \_\_\_\_\_

Email: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Phone/Fax \_\_\_\_\_

Will you be the Membership Representative to MIPA (responsible for voting, receiving notices, and representing the Member in all Membership matters)? yes \_\_\_\_\_ no \_\_\_\_\_

If no, who will be the Membership Representative? \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone/Fax/ Mobile phone numbers: \_\_\_\_\_

By signing this Agreement, the undersigned, as the duly authorized representative of the Member does agree to follow all of the rules, regulations and requirements established by the Articles of Incorporation and By-Laws of the Mississippi Independent Pharmacies Association (the Corporation) and to pay the required monthly Assessed Amount as provided for from time to time in the By-Laws of this Corporation.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative  
(If someone other than the Owner)

\_\_\_\_\_  
Date

**Please return completed form:** Mississippi Independent Pharmacies Association  
P. O. Box 794  
Madison, MS 39130  
601-957-0007, phone 601-977-0043, fax