

Mid-Atlantic College of Clinical Pharmacy

Membership Application

Membership Term: January 1, 2019 - December 31, 2019

PLEASE COMPLETE AND RETURN VIA MAIL.

Date _____

Name: _____

Credentials: _____

Company/Institution: _____

Position/Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Check here if this is a renewal membership.

NOTE: Membership to ACCP is not required for membership to MACCP or any of its chapters.

2019 MACCP Membership Dues: \$35

Application Submission Option 1: Email completed application
(maccp.chapter@gmail.com) and pay by PayPal
Option 2: Mail check and completed application to address
below. Please make checks payable to: **MACCP**

Mail to: Brooklyn T. Cobb
600 S. 43rd Street
Griffith Hall, Rm 108
Philadelphia, PA 19143



You can now securely pay your 2019 MACCP Membership Dues online via PayPal from the "Info" tab on our web site at <http://maccp.echapters.com>. Or, copy this link into your browser:

https://www.paypal.com/webapps/shoppingcart?mfid=1549646794691_68e20d4f4b9aa&flowlogging_id=68e20d4f4b9aa#/checkout/shoppingCart

Please email us your completed membership form after your payment.

Note: PayPal charges a small transaction fee which is added to the membership dues.