



Senior Care Pharmacy Alliance

Membership Application

Pharmacy

Address

City State Zip

Phone Number Fax Number

e-mail

Primacy Contact

Additional Contact

Additional Contact

Annual Dues Structure April 1, 2005 to March 31, 2006

The amount for your SCPA Dues is \$1.00 per resident serviced by your pharmacy in either an Assisted Living or LTC Facility. The maximum amount is \$5,000.00.

MHA will match all dues paid by their members up to \$100,000.00 per year.

Amount Paid :

Make Check Payable to: **Senior Care Pharmacy Alliance**
4091 Kenridge Dr.
Columbus, Ohio 43220
Fed ID # 31-1142295