



October 19, 2015

Dear Pharmacy Technician,

Your membership in this organization shows your commitment to pharmacy in Arkansas. I would encourage you to join me in getting involved in AAHP. I have served as the technician representative since July, 2015, but have been a certified Pharmacy Technician in Arkansas since May, 2007. I have found the leadership in this organization to be very rewarding. Also, please join me in helping to achieve our goals for 2015.

- We would like to increase our membership by 50%. When you renew your membership this year encourage a friend or coworker to join as well.
- We would like to increase technician attendance at Fall Seminar by 50%.
- Please join us on Facebook. www.facebook.com/groups/AAHPpharmtech/
- We would like to reward 1 technician certification scholarship this year. If you are not certified, then please apply and encourage a co worker to apply as well.
- Your commitment to AAHP through membership serves as your voice in shaping the future role of Pharmacy Technicians in Arkansas. Now, more than ever, your involvement in AAHP shows your investment in our profession. Whether you practice in retail, institutional, or hospital pharmacy-AAHP offers membership to all pharmacy technicians regardless of practice setting.
- **Membership dues are \$10 and are made payable to AAHP.**

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Are you nationally certified: YES NO Year Certified: _____ PTCB _____

ICPT _____

Are you interested in speaking at Fall Seminar? YES NO

If so, what topics are you interested in presenting? _____

If not, what topic would you like to see presented? _____

Would you like to assist in the pharmacy technician planning for the AAHP Fall Seminar?

YES NO

Please send your \$10 Annual Membership fee, made payable to AAHP to:

AAHP Pharmacy Technician Membership

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Arkansas Association of
Health-System Pharmacists