



## Colorado Pharmacists Society

### Group Membership Benefits and Application

The Colorado Pharmacist Society recognizes the value of organizations that bring a group of employees to join as members of the association. We offer varying levels of discounts to groups with at least two employees.

To qualify for a group membership, the entire group must be joining as active pharmacist members (\$205/year per person annual dues) and you must have at least two employees in your group.

To apply for group membership, complete the application on the next page/back side of this form, fill out the group membership spreadsheet and submit these with a single payment (check or credit card) to CPS.

#### DISCOUNTS

Number of Employees in Group	Membership Discount
2 to 10	10%
11 to 49	20%
50+	35%

#### BENEFITS

##### 2 to 10 employees

- 10% Membership Discount
- One 1-Day registration to the CPS Annual Meeting
- Annual Report of the Society to be delivered by September 1 each year
- Professional Advocacy and Positioning with dedicated CPS Lobbyist

##### 11 to 49 employees

- 20% Membership Discount
- One full-day registration to the CPS Annual Meeting
- Annual Report of the Society to be delivered by September 1 each year
- Professional Advocacy and Positioning with dedicated CPS Lobbyist

##### 50+ employees

- 35% Membership Discount
- Two full-day registrations to the CPS Annual Meeting
- Annual Report of the Society to be delivered by September 1 each year
- Professional Advocacy and Positioning with dedicated CPS Lobbyist
- One dedicated seat on the CPS Nomination Committee to help maintain diversity on the CPS Board of Directors across practice settings and non-management/management perspectives

**CPS Group Membership Application**

Group Name:		
Street Address:		
City:	State:	Zip:
Group Contact Name:		
Contact Phone:	Contact Fax:	
Contact Email:		

**Payment:**

Number of group members: \_\_\_\_\_

Number of members x \$205 = \$ \_\_\_\_\_

Percentage discount (per table above) = \$ \_\_\_\_\_

Total Dues/Enclosed Payment = \$ \_\_\_\_\_

 Check     Credit Card

 Credit Card Number
   
 \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please submit the completed application with payment information and spreadsheet listing all members to CPS via email at [admin@copharm.org](mailto:admin@copharm.org).

If mailing a check, please mail to:  
**Colorado Pharmacists Society**  
 2851 S. Parker Road, Suite 1210  
 Aurora, CO 80014

Questions? Please contact the CPS office at: 720-250-9585