ALABAMA PHARMACY ASSOCIATION
est. 1881

1211 Carmichael Way, Montgomery, AL 36106 334.271.4222 Fax: 334.271.5423 The Voice of Pharmacy in Alabama

APA Testimonial Form

Testimonial Questionnaire

License #:

Name: **Degree:**

Hometown: **Phone:**

Membership Type: **# of Years:**

What inspired you to pursue a career in pharmacy?

How did you get involved with APA?

How has being a member of APA helped you professionally?

What experience would be the highlight of your career?

Sign Here _____ **Date** _____

Please sign and return this form to the APA office at 1211 Carmichael Way, Montgomery, AL 36106 or fax it back to 334.271.5423. Your signature authorizes APA to use the information provided on this form for promotional purposes. Thank you.