

**Application for Membership to
The Veteran Apothecaries
Association of Cincinnati**



Est. 1927

Date _____ Membership Start Date (office use) _____

Name _____

Home Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact / Relation / Phone Number _____

Date of Birth _____ Spouse Name _____

Children Name(s) _____

High School _____ Year Graduated _____

College _____ Year Graduated _____

Other Schooling _____

Pharmacy Association memberships _____

Work History & Years _____

Hobbies _____

Signature _____

Please return to Dick Wuest 3922 North Cliff Lane Cincinnati, OH 45220 james.wuest@uc.edu

**PLEASE EMAIL A DIGITAL OR MAIL A HEAD AND SHOULDERS PHOTO FOR
INCLUSION IN THE VAAC DIRECTORY WITH YOUR APPLICATION**