

平成29年度会費月割一覧表（福島薬剤師会）

区分		入会申込書提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月 ※H30年度
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		24,000	24,000	24,000	24,000	24,000	24,000	24,000	24,000	24,000	24,000	24,000	24,000
	合計…①+②+③		92,700	89,000	85,300	81,600	77,900	65,200	61,500	57,800	54,100	50,400	46,700	96,000
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
	合計…①+②+③		51,000	49,000	47,000	45,000	43,000	37,500	35,500	33,500	31,500	29,500	27,500	53,000
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
	合計…①+②+③		41,100	40,000	38,900	37,800	36,700	32,100	31,000	29,900	28,800	27,700	26,600	42,000

平成29年度会費月割一覧表（伊達薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000
	合計…①+②+③		80,700	77,000	73,300	69,600	65,900	53,200	49,500	45,800	42,100	38,400	34,700	84,000
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
	合計…①+②+③		45,000	43,000	41,000	39,000	37,000	31,500	29,500	27,500	25,500	23,500	21,500	47,000
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000
	合計…①+②+③		35,100	34,000	32,900	31,800	30,700	26,100	25,000	23,900	22,800	21,700	20,600	36,000

平成29年度会費月割一覧表（二本松薬剤師会）

区分		入会申込書提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	20,000	別途地域薬剤師会より請求											
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		別途地域薬剤師会より請求											
	合計…①+②+③		68,700	65,000	61,300	57,600	53,900	41,200	37,500	33,800	30,100	26,400	22,700	72,000
正会員B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	20,000	別途地域薬剤師会より請求											
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		別途地域薬剤師会より請求											
	合計…①+②+③		39,000	37,000	35,000	33,000	31,000	25,500	23,500	21,500	19,500	17,500	15,500	41,000
正会員C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	20,000	別途地域薬剤師会より請求											
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		別途地域薬剤師会より請求											
	合計…①+②+③		29,100	28,000	26,900	25,800	24,700	20,100	19,000	17,900	16,800	15,700	14,600	30,000

平成29年度会費月割一覧表（郡山薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
	合計…①+②+③		84,700	81,000	77,300	73,600	69,900	57,200	53,500	49,800	46,100	42,400	38,700	88,000
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
	合計…①+②+③		55,000	53,000	51,000	49,000	47,000	41,500	39,500	37,500	35,500	33,500	31,500	57,000
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000
	合計…①+②+③		45,100	44,000	42,900	41,800	40,700	36,100	35,000	33,900	32,800	31,700	30,600	46,000

平成29年度会費月割一覧表（田村薬剤師会）

区分		入会申込書提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		5,000	5,000	5,000	5,000	5,000	2,500	2,500	2,500	2,500	2,500	2,500	2,500
合計…①+②+③		73,700	70,000	66,300	62,600	58,900	43,700	40,000	36,300	32,600	28,900	25,200	74,500	
正会員B ※平成28年4月以降薬剤師免許取得の場合、県薬会費免除	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		0	0	0	0	0	0	0	0	0	0	0	0
合計…①+②+③		39,000	37,000	35,000	33,000	31,000	25,500	23,500	21,500	19,500	17,500	15,500	41,000	
正会員C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		0	0	0	0	0	0	0	0	0	0	0	0
合計…①+②+③		29,100	28,000	26,900	25,800	24,700	20,100	19,000	17,900	16,800	15,700	14,600	30,000	

平成29年度会費月割一覧表（須賀川薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
合計…①+②+③		85,700	82,000	78,300	74,600	70,900	58,200	54,500	50,800	47,100	43,400	39,700	89,000	
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
合計…①+②+③		56,000	54,000	52,000	50,000	48,000	42,500	40,500	38,500	36,500	34,500	32,500	58,000	
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
合計…①+②+③		46,100	45,000	43,900	42,800	41,700	37,100	36,000	34,900	33,800	32,700	31,600	47,000	

平成29年度会費月割一覧表（石川薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		別途地域薬剤師会より請求											
	合計…①+②+③		68,700	65,000	61,300	57,600	53,900	41,200	37,500	33,800	30,100	26,400	22,700	72,000
正会員B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		別途地域薬剤師会より請求											
	合計…①+②+③		39,000	37,000	35,000	33,000	31,000	25,500	23,500	21,500	19,500	17,500	15,500	41,000
正会員C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		別途地域薬剤師会より請求											
	合計…①+②+③		29,100	28,000	26,900	25,800	24,700	20,100	19,000	17,900	16,800	15,700	14,600	30,000

平成29年度会費月割一覧表（白河薬剤師会）

区分		入会申込書提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		20,000	20,000	20,000	20,000	20,000	10,000	10,000	10,000	10,000	10,000	10,000	20,000
合計…①+②+③		88,700	85,000	81,300	77,600	73,900	51,200	47,500	43,800	40,100	36,400	32,700	92,000	
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		10,000	10,000	10,000	10,000	10,000	5,000	5,000	5,000	5,000	5,000	5,000	10,000
合計…①+②+③		49,000	47,000	45,000	43,000	41,000	30,500	28,500	26,500	24,500	22,500	20,500	51,000	
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		5,000	5,000	5,000	5,000	5,000	2,500	2,500	2,500	2,500	2,500	2,500	5,000
合計…①+②+③		34,100	33,000	31,900	30,800	29,700	22,600	21,500	20,400	19,300	18,200	17,100	35,000	



平成29年度会費月割一覧表（会津薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③	2,500	27,500	25,000	22,500	20,000	17,500	15,000	12,500	10,000	7,500	5,000	2,500	30,000
	合計…①+②+③		96,200	90,000	83,800	77,600	71,400	56,200	50,000	43,800	37,600	31,400	25,200	102,000
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③	1,000	11,000	10,000	9,000	8,000	7,000	6,000	5,000	4,000	3,000	2,000	1,000	12,000
	合計…①+②+③		50,000	47,000	44,000	41,000	38,000	31,500	28,500	25,500	22,500	19,500	16,500	53,000
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③	1,000	11,000	10,000	9,000	8,000	7,000	6,000	5,000	4,000	3,000	2,000	1,000	12,000
	合計…①+②+③		40,100	38,000	35,900	33,800	31,700	26,100	24,000	21,900	19,800	17,700	15,600	42,000

平成29年度会費月割一覧表（相馬薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③	1,500	16,500	15,000	13,500	12,000	10,500	9,000	7,500	6,000	4,500	3,000	1,500	18,000
	合計…①+②+③		85,200	80,000	74,800	69,600	64,400	50,200	45,000	39,800	34,600	29,400	24,200	90,000
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③	750	8,250	7,500	6,750	6,000	5,250	4,500	3,750	3,000	2,250	1,500	750	9,000
	合計…①+②+③		47,250	44,500	41,750	39,000	36,250	30,000	27,250	24,500	21,750	19,000	16,250	50,000
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③	750	8,250	7,500	6,750	6,000	5,250	4,500	3,750	3,000	2,250	1,500	750	9,000
	合計…①+②+③		37,350	35,500	33,650	31,800	29,950	24,600	22,750	20,900	19,050	17,200	15,350	39,000

平成29年度会費月割一覧表（双葉郡薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		0	0	0	0	0	0	0	0	0	0	0	0
	合計…①+②+③		68,700	65,000	61,300	57,600	53,900	41,200	37,500	33,800	30,100	26,400	22,700	72,000
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		0	0	0	0	0	0	0	0	0	0	0	0
	合計…①+②+③		39,000	37,000	35,000	33,000	31,000	25,500	23,500	21,500	19,500	17,500	15,500	41,000
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	0	0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		0	0	0	0	0	0	0	0	0	0	0	0
	合計…①+②+③		29,100	28,000	26,900	25,800	24,700	20,100	19,000	17,900	16,800	15,700	14,600	30,000

平成29年度会費月割一覧表（いわき市薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員 A	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	計…①		20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
	県薬	3,700	40,700	37,000	33,300	29,600	25,900	22,200	18,500	14,800	11,100	7,400	3,700	44,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計…②		58,700	55,000	51,300	47,600	43,900	31,200	27,500	23,800	20,100	16,400	12,700	62,000
	地域薬③		15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
	合計…①+②+③		93,700	90,000	86,300	82,600	78,900	66,200	62,500	58,800	55,100	51,400	47,700	97,000
正会員 B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	計…①		20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
	合計…①+②+③		64,000	62,000	60,000	58,000	56,000	50,500	48,500	46,500	44,500	42,500	40,500	66,000
正会員 C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	計…①		20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000
	合計…①+②+③		54,100	53,000	51,900	50,800	49,700	45,100	44,000	42,900	41,800	40,700	39,600	55,000

平成29年度会費月割一覧表（福島県公務員薬剤師会）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
正会員B	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金		0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	2,000	22,000	20,000	18,000	16,000	14,000	12,000	10,000	8,000	6,000	4,000	2,000	24,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		29,000	27,000	25,000	23,000	21,000	15,500	13,500	11,500	9,500	7,500	5,500	31,000
	地域薬③		600	600	600	600	600	600	600	600	600	600	600	600
	合計…①+②+③		39,600	37,600	35,600	33,600	31,600	26,100	24,100	22,100	20,100	18,100	16,100	41,600
正会員C	県薬入会金	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	地域薬入会金		0	0	0	0	0	0	0	0	0	0	0	0
	計…①		10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
	県薬	1,100	12,100	11,000	9,900	8,800	7,700	6,600	5,500	4,400	3,300	2,200	1,100	13,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		19,100	18,000	16,900	15,800	14,700	10,100	9,000	7,900	6,800	5,700	4,600	20,000
	地域薬③		600	600	600	600	600	600	600	600	600	600	600	600
	合計…①+②+③		29,700	28,600	27,500	26,400	25,300	20,700	19,600	18,500	17,400	16,300	15,200	30,600

平成29年度会費月割一覧表（賛助会員）

区分		入会申込書 提出日	3/16~4/15	4/16~5/15	5/16~6/10	6/11~7/15	7/16~8/12	8/13~9/15	9/16~10/15	10/16~11/11	11/12~12/9	12/10~1/15	1/16~2/15	2/16~3/15
		審査月	4月	5月	6月	7月	8月	9月	10月	11月	12月	1月	2月	3月
		会費請求 対象期間	5月~翌3月	6月~翌3月	7月~翌3月	8月~翌3月	9月~翌3月	10月~翌3月	11月~翌3月	12月~翌3月	1月~3月	2月~3月	3月	4月~翌3月
賛助 会員A ①	県薬	2,700	29,700	27,000	24,300	21,600	18,900	16,200	13,500	10,800	8,100	5,400	2,700	32,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計		47,700	45,000	42,300	39,600	36,900	25,200	22,500	19,800	17,100	14,400	11,700	50,000
賛助 会員A ②	県薬	4,000	44,000	40,000	36,000	32,000	28,000	24,000	20,000	16,000	12,000	8,000	4,000	48,000
	日薬		18,000	18,000	18,000	18,000	18,000	9,000	9,000	9,000	9,000	9,000	9,000	18,000
	計		62,000	58,000	54,000	50,000	46,000	33,000	29,000	25,000	21,000	17,000	13,000	66,000
賛助 会員B	県薬	1,500	16,500	15,000	13,500	12,000	10,500	9,000	7,500	6,000	4,500	3,000	1,500	18,000
	日薬		7,000	7,000	7,000	7,000	7,000	3,500	3,500	3,500	3,500	3,500	3,500	7,000
	計…②		23,500	22,000	20,500	19,000	17,500	12,500	11,000	9,500	8,000	6,500	5,000	25,000