



NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES

## Associate Member Application Form

Membership in NACDS is effective pending receipt of application and membership dues, and approval by the Board of Directors. Sensitive information will be held in strict confidence. For questions, please contact NACDS Membership Services at 703.837.4111.

For Official Use Only:

Date: \_\_\_\_\_

Dues: \_\_\_\_\_

ID#: \_\_\_\_\_

### I. Company Information

COMPANY NAME (AS IT IS TO APPEAR AT MEETINGS, CONFERENCES, AND IN NACDS PUBLICATIONS)

MAILING ADDRESS

CITY

STATE

ZIP

STREET ADDRESS

CITY

STATE

ZIP

PHONE

FAX

TOLL FREE

COMPANY HELD: ☐ PUBLICLY ☐ PRIVATELY

COMPANY WEBSITE

DATE COMPANY FOUNDED

STOCK SYMBOL

PARENT COMPANY

PARENT COMPANY ADDRESS

### II. Officers and Contacts

COMPANY'S PRIMARY NACDS CONTACT

TITLE

EMAIL

ADDRESS (IF DIFFERENT FROM ABOVE)

PHONE

FAX

CHAIRPERSON

TITLE

EMAIL

PRESIDENT

TITLE

EMAIL

CEO

TITLE

EMAIL

COO

TITLE

EMAIL

CFO

TITLE

EMAIL

CMO

TITLE

EMAIL

GOVERNMENT AFFAIRS CONTACT

TITLE

EMAIL

DISTRIBUTION/ LOGISTICS CONTACT

TITLE

EMAIL

SENIOR SALES CONTACT

TITLE

EMAIL

### III. Company Data/Dues Schedule

#### Dues Schedule for the following business types:

(Please indicate your company's business type)

- ☐ **Manufacturer** ☐ **Professional Services**  
☐ **Publisher** (Consumer or Trade) ☐ **Sales & Marketing**  
(includes brokers)  
☐ **Wholesaler/Distributor**

#### Please indicate the correct dues amount:

- ☐ 0-\$10 Million Annual Business with Chains\* \$2,880  
☐ \$10-\$30 Million Annual Business with Chains\* \$4,620  
☐ \$30-\$50 Million Annual Business with Chains\* \$8,100  
☐ Over \$50 Million Annual Business with Chains\* \$9,960

\*Business, direct or indirect, with Chain Drug, Supermarkets, or Mass Merchants.

#### Miscellaneous Information

Estimated Total Annual Business: \$ \_\_\_\_\_

Fiscal Year End: \_\_\_\_\_

Company is: ☐ Minority or Female owned

If yes, certified by: WBENC \_\_\_\_\_ NMSDC \_\_\_\_\_

Company Business with Chains is: ☐ Direct ☐ Indirect

#### Please indicate the Products and/or Services for Resale or Use in Operations for your company.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Baby Care   | <input type="checkbox"/> Health Care/OTC                               | <input type="checkbox"/> Personal Care/HBC                           | <input type="checkbox"/> Seasonal              |
| <input type="checkbox"/> Consumables   | <input type="checkbox"/> Home Health Care                              | <input type="checkbox"/> Pharmacy Operations<br>Equipment & Services | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Cosmetics and Fragrances                                | <input type="checkbox"/> Household Products/<br>Non-Edible Consumables | <input type="checkbox"/> Pharmacy Products                           |  |
| <input type="checkbox"/> General Merchandise<br>(Includes consumer publications) | <input type="checkbox"/> Merchandise Programs                          | <input type="checkbox"/> Photo                                       |  |

### IV. Reference

Please complete the credit card information below or include a check for the first year's dues based on the dues schedule above. Dues are non-refundable. Please mail to NACDS, 1776 Wilson Boulevard, Suite 200, Arlington, VA 22209 or email to membership@nacds.org.

#### Application made by

NAME (PLEASE PRINT)

TITLE

SIGNATURE

DATE

*Contributions to NACDS are not deductible as charitable contributions. In accordance with provisions of the Omnibus Budget Reconciliation Act of 1994, 60% of the 2024 membership dues are deductible under Section 162 of the Internal Revenue Code as ordinary and necessary trade or business expense.*

#### Credit Card Information

Payment Method ☐ Credit Card ☐ Check

Credit Card Payment: ☐  ☐  ☐  ☐ 

CREDIT CARD #

EXP. DATE

CARD IDENTIFICATION NUMBER (CVV2) : (Visa, MasterCard and Discover: 3 digits on back - American Express: 4 digits on front)

AUTHORIZED PURCHASE AMOUNT/MEMBERSHIP FEE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE