

Chain 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

ADDRESS (IF DIFFERENT FROM ABOVE)

EMAIL

PHONE

FAX

CHAIRPERSON

TITLE

PRESIDENT

TITLE

CEO

TITLE

COO

TITLE

CFO

TITLE

CMO

TITLE

GOVERNMENT AFFAIRS CONTACT

TITLE

DISTRIBUTION/ LOGISTICS CONTACT

TITLE

SENIOR PHARMACY CONTACT

TITLE

III. Operations Data

Total Number of Stores

Number of Stores with Pharmacies

Does your company have a Supplier Diversity Program? ☐ YES ☐ NO

Estimated Annual Sales (in millions)

Total Sales

Pharmacy Sales

Fiscal year End:

IV. References

Please provide your company's Dun & Bradstreet number. If you do not have a D&B number, please indicate this and we will follow up with you regarding a reference.

NACDS Dues Schedule

Chain (retailer) dues are based on Pharmacy Sales (in millions) for your last fiscal year (minimum dues are \$1,500.) This information is held in strict confidence. Please provide the information in Section III above or call NACDS Membership Services at 703.837.4111.

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

☐ **Yes,** as a member of NACDS, I authorize NACDS-PAC to conduct a solicitation campaign among me and my company's executive, professional and administrative personnel during the year(s) which I approve. I understand that my company can only allow one trade association political action committee to solicit me or my employees in any calendar year. I understand that NACDS-PAC will work with me to schedule a solicitation campaign and will not contact my employees directly. (This form can only be signed by a corporate employee authorized to provide solicitation approval).

NAME	SIGNATURE 2024
TITLE	SIGNATURE 2025
COMPANY	SIGNATURE 2026
ADDRESS	SIGNATURE 2027
CITY / STATE / ZIP CODE	SIGNATURE 2028

NACDS-PAC is a federal political action committee registered with the Federal Election Commission. It is a qualified multicandidate committee. A trade association PAC may not solicit a corporate member's restricted class without its prior approval. Corporate contributions are not permitted. Contributions are not deductible for federal tax purposes.