

## Definition

*Any person, firm, or corporation located in and organized under the laws of a jurisdiction outside of the United States and engaged in operation for-profit community retail pharmacies or actively engaged in supplying goods or services to the profession of pharmacy, drug industry, retail drug stores or other for-profit community retail pharmacies shall be eligible for International Membership.*

*If an International Member establishes a subsidiary in the U.S. which operates for profit and wishes to enjoy the benefits of NACDS membership, that subsidiary should apply for Chain or Associate membership (as an American company).*

## Please Note

*Membership in NACDS is effective pending receipt of application and membership dues, and approval by the Board of Directors. Membership dues are non-refundable. Sensitive information will be held in strict confidence. For questions, please contact NACDS Membership Services or International Affairs Department at 703.549.3001.*

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/PROVINCE

COUNTRY

POSTAL CODE

STREET ADDRESS

CITY

STATE/PROVINCE

COUNTRY

POSTAL CODE

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)		
EMAIL	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

- ☐ **Manufacturer**   ☐ **Manufacturer Representative**   ☐ **Professional Services**   ☐ **Publisher** (*Consumer*)  
☐ **Publisher** (*Trade*)   ☐ **Wholesaler/Distributor**

### Product Categories

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

## IV. International Associate Member

Any person, firm, or corporation located in and organized under the laws of jurisdiction outside of the United States and engaged in supplying goods and services to the profession of pharmacy, drug industry, retail drug stores or other for-profit retail pharmacies shall be eligible for International Associate Membership.

Annual Dues: \$2,880

Please submit your check to NACDS with the application or email membership@nacds.org for wire transfer instructions.

### 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	