



## Definition

Any person, firm, or corporation located in and organized under the laws of a jurisdiction outside of the United States and engaged in operating 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.

For Official Use Only:  
Date: \_\_\_\_\_  
Dues: \_\_\_\_\_  
ID#: \_\_\_\_\_

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. Sensitive information will be held in strict confidence. For questions, please contact NACDS Membership Services or International Affairs Department at 703.549.3001.

## 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 PHARMACY CONTACT	TITLE	EMAIL

## III. Retail Company Data

	Chain Drug	Club Store	Convenience Store	Deep Discount	Specialty Pharmacy	Supermarket	Home Health	Mass Merchant	TOTAL
Total Number of Stores									
Number of Stores with Pharmacies									
Countries in which your company operates	<input type="text"/>								

## IV. Dues Schedule for NACDS International Chain Retailer (Non-North American)

Any person, firm, or corporation located in and organized under the laws of jurisdiction outside of the United States, Canada, or Mexico, engaged in operating for-profit retail drug stores or other for-profit community retail pharmacies shall be eligible for International Chain Membership.

Annual Sales U.S.	\$ Dues Schedule
Up to \$1 Billion	\$1,500
\$1 Billion - \$2 Billion	\$2,000
Over \$2 Billion	\$2,500

Please submit your check to NACDS with the application or email [membership@nacds.org](mailto:membership@nacds.org) for wire transfer instructions.

### Application made by

NAME (PLEASE PRINT)	TITLE
SIGNATURE	DATE

## Credit Card Information

Payment Method  Credit Card  Check

Credit Card Payment:        

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CREDIT CARD #

EXP. DATE

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

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AUTHORIZED PURCHASE AMOUNT/MEMBERSHIP FEE

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CARDHOLDER'S NAME

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CARDHOLDER'S SIGNATURE