

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.

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. 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.

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 WEBSITE COMPANY HELD: PUBLICLY PRIVATELY

 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									
Annual Pharmacy Sales (in equivalent U.S. Dollar Figures)									
Countries in which your company operates									

IV. Dues Schedule for NACDS International (NAFTA) Chain Retailer

Membership dues are based on a percentage of pharmacy sales. Please fax your application to 703.683.1451 or email to membership@nacds.org. Once your application is received, we will let you know the dues amount before processing the application.

The dues for Canadian and Mexican drug store chains has been set by the NACDS Board of Directors at 6% of the dues formula assessed U.S. domestic chain members.

V. 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. _____

Application made by

NAME (PLEASE PRINT)	TITLE
SIGNATURE	DATE

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