



CORPORATE MEMBERSHIP APPLICATION

Please complete and submit the form with payment to: NCPA, PO Box 791223, Baltimore, MD 21279-1223; fax it to NCPA at (703) 683-3619; or visit www.ncpanet.org/join-renew. If you have questions, please contact NCPA Membership at (800) 544-7447.

Corporate Membership Corporate Membership: Wholesaler/Distributor

ALL FIELDS REQUIRED

Company Name

Mailing Address (Street | City | State | ZIP)

Telephone

Company Website

Describe your company's products/services

Key Contact Name

Title

Preferred Mailing Address (Street | City | State | ZIP)

Telephone

Company Official Submitting Membership Form

E-Mail address

Signature

Date

INDUSTRY REFERENCE

Name

Company

Telephone

E-Mail address

CORPORATE & WHOLESALE/DISTRIBUTOR MEMBERSHIP DUES SCHEDULE

Dues Category	Annual Domestic Sales	Annual Dues
I	\$0 to \$25 million	\$3,675
II	Over \$25 million to \$50 million	\$5,775
III	Over \$50 million to \$100 million	\$7,875
IV	Over \$100 million	\$9,975

PAYMENT INFORMATION

AMOUNT DUE _____

(made payable to NCPA and mailed to: ATTN: Accounting Department, PO Box 791223, Baltimore, MD 21279-1223)

Enclosed check payable to NCPA or Visa MasterCard American Express Discover

Card Number

Name on Card

Exp. Date

Today's Date

Signature

NCPA Innovation Center needs your company's support, please help us bring more cutting edge programming to Independent Community Pharmacists by making a tax refundable contribution. Please support NCPA's Innovation Center: _____

PTO: Corporate Members are entitled to enroll up to three additional individuals as NCPA members. You may attach business cards if preferred.

MEMBERS ARE ENTITLED TO ENROLL UP TO FOUR MANAGERS, OFFICERS/BOARD MEMBERS AS NCPA MEMBERS.

Name _____ **Title** _____

Preferred Mailing Address (Street | City | State | ZIP) _____

Telephone _____ **Fax Number** _____

E-Mail address _____

Name _____ **Title** _____

Preferred Mailing Address (Street | City | State | ZIP) _____

Telephone _____ **Fax Number** _____

E-Mail address _____

Name _____ **Title** _____

Preferred Mailing Address (Street | City | State | ZIP) _____

Telephone _____ **Fax Number** _____

E-Mail address _____

**NCPA Corporate
Membership Department
100 Daingerfield Road
Alexandria, VA 22314
703.683.8200
Fax 703.683.3619**

**PLEASE MAIL CHECKS TO:
ATTN: Accounting Department, PO Box 791223, Baltimore, MD 21279-1223
Your commitment to the future of independent community pharmacy is greatly appreciated.**

*By submitting the NCPA Annual Corporate Membership dues, your organization is agreeing to abide by NCPA's Bylaws and NCPA Corporate Logo Use Policy (available upon request). NCPA Dues are not deductible as a charitable contribution for federal income purposes. However, in accordance with provisions of the Omnibus Budget Reconciliation Act of 1994, NCPA estimates that 70% of your membership dues are non-deductible under Section 162 of the Internal Revenue Code as ordinary and necessary trade or business expense. Tax ID# 36-1520710.

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