



National Community Pharmacists Association

Corporate Membership Enrollment Form

Please print clearly

Company Name

Mailing Address

City

State

ZIP

Telephone

Describe your company's products/services

Company web site

Key Contact

Name

Title

Preferred Mailing Address

City

State

ZIP

Telephone

Fax number

Company Official Submitting Membership Form

E-mail address

Signature

Date

Corporate Member Dues Schedule

Dues Category

Annual Domestic Sales

Annual Dues

I \$0 to \$25 million \$3,500

II Over \$25 to \$50 million \$5,500

III Over \$50 to \$100 million \$7,500

IV Over \$100 million \$9,500

Please complete the dues payment section on the reverse.

Corporate Member Dues Payment

Corporate member dues are applicable for the period of January 1 to December 31.

- Check enclosed (made payable to NCPA)
- Credit card Visa MasterCard American Express

Name on card

Card number

Expiration date

Signature

Other Corporate Member Contacts

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

Name Title Telephone

Preferred Mailing Address

City State ZIP

Fax number E-mail address

Name Title Telephone

Preferred Mailing Address

City State ZIP

Fax number E-mail address

Name Title Telephone

Preferred Mailing Address

City State ZIP

Fax number E-mail address

Please send your dues payment with the Corporate Membership enrollment form to:



NCPA—Corporate Membership Dept.
100 Daingerfield Road
Alexandria, VA 22314

703-683-8200 • Fax 703-683-3619

Your commitment to the future of independent community pharmacy is greatly appreciated.

*NCPA dues are not deductible as a charitable contribution for federal income tax purposes. However, in accordance with provisions of the Omnibus Budget Reconciliation Act of 1994, NCPA estimates that 50% of your 2009 membership dues are deductible under Section 162 of the Internal Revenue Code as ordinary and necessary trade or business expense.

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