

# NCPDP MEMBERSHIP APPLICATION

Mr.    Mrs.    Ms.    Dr.    R.Ph.    J.D.    M.D.    MBA    Pharm.D.    other \_\_\_\_\_  
 Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Company \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Have you ever been a member of NCPDP before?  No  Yes When: \_\_\_\_\_

Were you referred by another NCPDP Member?  No  Yes Name: \_\_\_\_\_

**PROFESSIONAL LEVEL** (please check one)

- CEO/COO/CFO/Partner    CIO    President    Vice President    Other Senior Management  
 Director/Department Head    Senior Staff/Manager    Staff    Academic    Practicing Pharmacist

**JOB FUNCTION** (please check one)

- Operations    Project Management    Research/Development    Sales/Marketing    Purchasing/Contract Management  
 Regulatory/Compliance    Technical Services    Information Systems    Maintenance/Support

**REASON FOR JOINING NCPDP** (please rank top five choices in order of importance 1 = most important 5 = least important)

- \_\_\_ company recognition in industry   \_\_\_ annual conference attendance   \_\_\_ work group participation/standards influence  
 \_\_\_ membership directory acquisition   \_\_\_ educational forum attendance   \_\_\_ networking opportunities  
 \_\_\_ personal/career advancement   \_\_\_ standards documentation acquisition   \_\_\_ other \_\_\_\_\_

**CLASSES OF MEMBERSHIP** (check one category box under the appropriate voting class)

**Producer/Provider** (Pink Badge)

- Chain Pharmacy  
 Consulting Pharmacist  
 Franchise Pharmacist  
 Long Term Care Pharmacist  
 Home Infusion Pharmacist  
 Independent Pharmacy  
 Mail Service Pharmacy  
 On-Line Pharmacy  
 Hospital Pharmacy  
 Pharmaceutical Manufacturer  
 Hospitals  
 Long Term Care Providers  
 Long Term Care Provider Pharmacies  
 Home Infusion Pharmacies  
 Hospice Providers  
 Other \_\_\_\_\_

**Payer/Processor** (Green Badge)

- Blue Cross Blue Shield Organization  
 Federal/State Agency  
 Health Insurer  
 Health Maintenance Organization  
 Pharmacy Benefit Management Organization  
 Prescription Service Organization  
 Other \_\_\_\_\_

**Vendor/General Interest** (Yellow Badge)

- Academia  
 Clinical Program  
 Consultant  
 Long Term Care Industry Consultant  
 Database Management Organization  
 Information/Material Distributor  
 Mail List House  
 Physician Services Organization  
 Professional/Trade Association  
 Telecommunication & System Vendor  
 Wholesale Drug Distributor  
 Other \_\_\_\_\_

The membership term is based on the anniversary year of the member . The annual fee is \$650 (subject to change) per membership, renewable each year and payable by check or credit card. Membership is on an individual basis. If a comp any desires more than one employee to become a member , it is required to p ay an additional \$650 membership fee for each person. There are no refunds for membership cancellations.

**PAYMENT INFORMATION** (All fees are payable in U.S. funds drawn on U.S. banks.)

Payment Enclosed (make check payable to NCPDP)    VISA    MASTERCARD    AMERICAN EXPRESS    AMOUNT \$ **650**  
 Name (as it appears on card) \_\_\_\_\_  
 Card No \_\_\_\_\_ Exp \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_



**RETURN TO:**  
 National Council for Prescription Drug Programs, Inc.  
 9240 East Raintree Drive  
 Scottsdale, Arizona 85260  
 (480) 477-1000 (480) 222-7555 fax

Office Use Only