

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 Code: _____

Phone: _____ Fax: _____ Email: _____

Have you ever been a member of NCPDP before? YES NO When: _____

Were you referred by another NCPDP Member? YES NO Name: _____

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
- Mail Service Pharmacy
- Hospital Pharmacy
- Pharmaceutical Manufacturer
- Hospitals
- Long Term Care Providers/Pharmacy
- Home Infusion Pharmacy
- Independent Pharmacy
- Other _____

Payer/Processor

Green Badge

- Blue Cross/Blue Shield Organization
- Federal/State Agency
- Health Insurer
- Health Maintenance Organization
- Pharmacy Benefit Management Organization
- Prescription Services 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
- Telecommunications/Systems Vendor
- Wholesale Drug Distributor
- Other _____

PROFESSIONAL LEVEL

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

JOB FUNCTION

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

REASONS FOR JOINING NCPDP (please rank top five choices in order of importance)

- ____ Company Recognition in Industry
- ____ Membership Directory Acquisition
- ____ Personal/Career Advancement
- ____ Annual Conference Attendance
- ____ Educational Forum Attendance
- ____ Standards Documentation Acquisition
- ____ RxReconn®
- ____ Work Group Participation/Standards Influence
- ____ Networking Opportunities
- ____ Other

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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 company desires more than one employee to become a member, the \$650 membership fee will be due for each person. There are no refunds for membership cancellations.

RxReconn® is NCPDP's legislative tracking tool. It offers NCPDP members the opportunity to monitor pharmacy-related state and national legislative and regulatory activity that impacts their businesses. RxReconn® is only available to NCPDP members as a premium, add-on offering. The subscription fee is an additional \$2,000 annually. To learn more please visit www.ncpdp.org/rxreconn_info.aspx or email governmenthelp@ncpdp.org.

PAYMENT INFORMATION (all fees are payable in U.S. Funds Drawn on U.S. Banks)

- Payment Enclosed
 VISA MasterCard American Express

_____ **Membership Amount**
_____ **RxReconn® Subscription Amount**

_____ **Total Amount Due**

Name (as it appears on card): _____
Card Number: _____ **Expiration Date:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Email Address: _____
Signature: _____

RETURN TO:



National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, Arizona 85260
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