

WE *deliver* HEALTHCARE

Safely and efficiently providing medicines and healthcare products across America

The Healthcare Distribution Management Association (HDMA) is the national association representing primary healthcare distributors, the vital link between the nation's pharmaceutical manufacturers and healthcare providers. Each business day, HDMA member companies ensure that nearly nine million prescription medicines and healthcare products are delivered safely and efficiently to nearly 200,000 pharmacies, hospitals, long-term care facilities, clinics and others nationwide. HDMA and its members work daily to provide value and achieve cost savings, an estimated \$42 billion each year to our nation's healthcare system.

HDMA INTERNATIONAL MEMBERSHIP APPLICATION INSTRUCTIONS

1. In order to expedite your application process, please complete each question on the application form.
2. The company profile will be included in the annual Business & Leadership Conference materials and posted on our website. Please be aware that HDMA reserves the right to edit as necessary.
3. Make certain your application is signed by **a senior company executive**.
4. Please designate a **key contact** at your firm who will receive all HDMA publications and mailings.
5. The completed application should be returned to HDMA. Please keep a copy of the application for your records. A \$250 USD application fee, a one-time charge, must accompany the completed application. Please make your check payable to HDMA (U.S. dollars only), and mail or fax application and payment to HDMA at the address listed below. Application processing may take up to 90 days.
6. Dues are payable annually on January 1st. A dues invoice will be mailed to your firm prior to the January 1st due date.
7. Annual dues for International Members are \$1,100 per year.
8. Mail application form to HDMA, P.O. Box 79462, Baltimore, MD 21279-0462, email with payment to dues@hdmanet.org or send through confidential fax at (703) 812-0539.
9. If you need further information or assistance, please contact the HDMA Membership Department at (703) 787-0000.

Payments made to the Healthcare Distribution Management Association are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.



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Please print clearly or use a typewriter. Return the completed application to HDMA, and make a copy for your files.

GENERAL INFORMATION

Applicant Company _____

If division or subsidiary, name of Parent Company _____

Please attach a list of addresses of parent company or other divisions/subsidiaries.

P.O. Box _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

http:// _____

Email _____

Do you have additional operating locations other than that listed above? _____ Yes _____ No. If yes, please attach a list with address(es), number of years in operation, contacts and key contacts.

Date present business was established _____

Company profile (35-200 words) _____

OFFICERS/EXECUTIVES/CONTACTS

Chairman _____

Email _____

President _____

Email _____

Please list additional contacts below:

Name _____

Title _____

Email _____

Name _____

Title _____

Email _____

Name _____

Title _____

Email _____

KEY CONTACT*

Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Fax _____

***Your key contact will be the recipient of all HDMA publications and mailings.**

Providing the email addresses of all individuals will ensure that they each receive a user name and password for use on the HDMA website. www.healthcaredistribution.org
Individuals will be notified of their user name and password via email.



Why do you wish to become a member of HDMA? _____

BUSINESS INFORMATION

Please list countries in which the company is engaged in business: _____

Are there any litigation or regulatory actions pending against the applicant by federal, state or local governmental agencies or authorities yes no (If yes, please attach separately, complete documentation of pending action)

What were your total sales for your most recent fiscal year? \$ _____ (millions)

Please indicate services provided to customers:

_____ Credit terms _____ Full time salesman
_____ Delivery service _____ Local inventories which consist primarily of drug and health-related items
_____ Other: _____

ADVERTISEMENT AND SPONSORSHIP

Would you like to receive information on advertisement and sponsorship opportunities? yes no

MISSION

The mission of HDMA is to secure safe and effective distribution of health care products, create and exchange industry knowledge affecting the future of distribution management, and influence standards and business processes that produce efficient health care commerce.

I have read the above mission statement of HDMA and wish to promote those objectives.

Executive of Applicant Company _____

Signature _____

Title _____ Date _____



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PAYMENT INFORMATION

A \$250 application fee must accompany the completed application.

PAYMENT INFORMATION

Please charge my: Mastercard Visa American Express Check # _____

Company Name _____

Cardholder's Name _____

Billing Address _____

City _____ State _____ Zip _____

Credit Card Number _____ Exp. _____

Signature _____

Make checks payable to HDMA. Payments to HDMA are not tax deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Tax ID #13-1088150.

TOTAL To Be Charged: \$250

HDMA INTERNAL USE

Company Name _____

Company ID# _____

Dues Year _____

