



2019 Neighbourhood Pharmacies Associate Application Form

- Associate dues are based on your Annual Sales to Neighbourhood Pharmacy Association of Canada Retail Members, either directly or through wholesalers.
- An Associate is defined as a company with a distinct name and/or division that has an independent sales and marketing team.
- Each Associate is entitled to hold one business meeting with each Neighbourhood Pharmacies Retail Member during the Pharmacy EXPO held May 21-23 held in Toronto, Ontario at the Metro Toronto Convention Centre.

SECTION 1 – COMPANY INFORMATION

Company Name: _____

Company Address: _____

City: _____ Province / State: _____

Postal Code / Zip Code: _____ Phone: _____

Fax: _____ Website: _____

Company Description

(Will be used in announcement to Retail Members and Associates)

Contact Information

Primary Contact

Full Name:		Title:	
Phone:		Email:	

Secondary Contact

Full Name:		Title:	
Phone:		Email:	

President/CEO

Full Name:		Title:	
Phone:		Email:	

Should this individual be on our distribution list for Association email communications?

Yes No

Senior Marketing Contact

Full Name:		Title:	
Phone:		Email:	

Should this individual be on our distribution list for Association email communications?

Yes No

Senior Sales Contact

Full Name:		Title:	
Phone:		Email:	

Should this individual be on our distribution list for Association email communications?

Yes No

SECTION 2 – PLEASE INDICATE WHICH CATEGORIES YOUR COMPANY REPRESENTS:

<input type="checkbox"/> Prescription	<input type="checkbox"/> OTC	<input type="checkbox"/> Toiletries, Cosmetics, Fragrances
<input type="checkbox"/> Natural Health Products	<input type="checkbox"/> Rx Software	<input type="checkbox"/> Stationery and Cards
<input type="checkbox"/> Manufacturer’s Agent / Broker	<input type="checkbox"/> Wholesale/Distributor	<input type="checkbox"/> Market Research
<input type="checkbox"/> General Merchandise	<input type="checkbox"/> Health and Beauty	<input type="checkbox"/> Grocery/Confectionery
<input type="checkbox"/> Operational Services	<input type="checkbox"/> Trade Publishers	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Other: _____		

The Neighbourhood Pharmacy Association of Canada employees hold privacy of personal information to be of paramount importance and share a common commitment to safeguarding personal information pursuant to privacy laws such as the Canadian federal *Personal Information Protection and Electronic Documents Act (PIPEDA)*, and corresponding Canadian provincial privacy legislation.

SECTION 3 – MEMBER REFERRAL

To verify your good standing as a Neighbourhood Pharmacies Associate, we require references from **two Neighbourhood Pharmacy Association of Canada Retail Members.**

1st Association Retail Member's Reference:

2nd Association Retail Member's Reference

Name:		Name:	
Title:		Title:	
Company:		Company:	

SECTION 4 – ASSOCIATE DUES SCHEDULE

Please check appropriate box below	Annual Sales to Neighbourhood Pharmacy Association of Canada Retail Members	Dues	HST 13%	Total
<input type="checkbox"/> Category 1	Less than or equal to \$10 million	\$4,500.00	\$585.00	\$5,085.00
<input type="checkbox"/> Category 2	\$10 - \$20 million	\$8,000.00	\$1,040.00	\$9,040.00
<input type="checkbox"/> Category 3	\$21 - \$50 million	\$11,000.00	\$1,430.00	\$12,430.00
<input type="checkbox"/> Category 4	Over \$50 million	\$15,000.00	\$1,950.00	\$16,950.00
<input type="checkbox"/> Category 5	Professional Services Company: includes advertising agencies, data processing companies, financial analysts, insurance consultants, market research companies, trade publishers, and other such services.	\$3,000.00	\$390.00	\$3,390.00
<input type="checkbox"/> Category 6 *Please complete info below	Manufacturer Agent/Broker With one fee you can represent up to three (3) companies and are entitled to request one appointment with each Neighbourhood Pharmacies Retail Member at the Annual Conference. List the three companies your company represents: 1. _____ 2. _____ 3. _____	\$4,500.00	\$585.00	\$5,085.00

SECTION 5 – PAYMENT INFORMATION

Payment by credit card (Visa, American Express, MasterCard), or cheque payable to Neighbourhood Pharmacy Association of Canada.

Payment for dues, including HST must accompany your completed application form.

Neighbourhood Pharmacies Associate period is January 1, 2019 to December 31, 2019.

Neighbourhood Pharmacies HST Registration Number: 134205533.

Name on card (please print): _____

Credit Card Number: _____ Security Code: ____ Expiry Date: _____

Signature: _____ Date: _____

OUR RETAIL MEMBERS

