

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 HEALTH, BEAUTY, WELLNESS/CONSUMER 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 application fee, a **one-time charge**, must accompany the completed application. Please make your check payable to HDMA, and mail, fax or email application and payment to HDMA at the address listed below. Application processing may take up to 90 days.
6. Dues for HBW Associate members are \$6000 per dues year, which includes one complimentary registration to the Business & Leadership Conference and one consumer only schedule.
7. You will be billed separately for dues after your application has been approved.
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.



HEALTH, BEAUTY, WELLNESS/CONSUMER MEMBERSHIP APPLICATION

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 _____

Date present business was established _____

Company profile (35-200 words) _____

OFFICERS/EXECUTIVES/CONTACTS

Chairman _____

Email _____

President _____

E-mail _____

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 e-mail 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.



HEALTH, BEAUTY, WELLNESS/CONSUMER MEMBERSHIP APPLICATION

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

List examples of principal products or services _____

DISTRIBUTION INFORMATION

Facility Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
Title _____
Phone _____ Fax _____
Email _____

This facility is:

- Owned and Operated by your company
- A third party logistics company
- Owned by your company, but operated by a third party
- Other

Facility Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
Title _____
Phone _____ Fax _____
Email _____

This facility is:

- Owned and Operated by your company
- A third party logistics company
- Owned by your company, but operated by a third party
- Other

Facility Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
Title _____
Phone _____ Fax _____
Email _____

This facility is:

- Owned and Operated by your company
- A third party logistics company
- Owned by your company, but operated by a third party
- Other

Please list additional facilities on a separate sheet of paper.



HEALTH, BEAUTY, WELLNESS/CONSUMER MEMBERSHIP APPLICATION

BUSINESS INFORMATION

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)

Do you currently have product sales? yes no

What are your total sales to HDMA wholesalers for your most recent fiscal year (see attached calculation worksheet)

\$ _____ (millions)

SALES

Non-Rx/consumer product sales must account for 75% or more of total company sales through HDMA distributors, including HHC/DME.

ANNUAL DUES

\$6,000 (includes one complimentary registration to the Business & Leadership Conference and one consumer only schedule)

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 _____



HEALTH, BEAUTY, WELLNESS/CONSUMER APPLICATION 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 _____

