

IACP Corporate Member Program Application

YES! Count us in as an IACP Corporate Member. I want recognition and benefits of an IACP Corporate Member and to help preserve patient access to compounded medications!

Company _____

Primary Contact Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Company Website _____

Phone _____ Fax _____

Check all services that apply to your company.

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Quality Control/Analytical Testing |
| <input type="checkbox"/> Adherence and Compliance | <input type="checkbox"/> Management & Consulting Services | <input type="checkbox"/> Refrigeration/Refrigerators |
| <input type="checkbox"/> Buying & Selling of a Pharmacy | <input type="checkbox"/> Marketing & Advertising Services | <input type="checkbox"/> Software/RX Processing |
| <input type="checkbox"/> Claim Processing & Reconciliation | <input type="checkbox"/> Monitoring Systems (Environmental) | <input type="checkbox"/> Staffing Agencies |
| <input type="checkbox"/> Cleanroom Supplies and Equipment | <input type="checkbox"/> Packaging/Shipment | <input type="checkbox"/> Training Resources |
| <input type="checkbox"/> Compounding - Supplies, Training | <input type="checkbox"/> Pharmaceutical Manufacturer | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Design, Fixtures, Layout, Engineering | <input type="checkbox"/> Pharmaceutical Research | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Printers, Laser, Labels | |

Corporate Member Annual Sales	Corporate Member Annual Dues	Adjusted Corporate Member Tier Level	Adjusted Tier Level for Annual Contributions
Under \$10 million	\$1,250	Platinum	Over \$75,000
\$11 to \$25 million	\$2,500	Gold	\$50,000 to \$74,999
\$26 to \$50 million	\$4,500	Silver	\$10,000 to \$24,999
Over \$51 million	\$6,500	Bronze	Less than \$10,000

*Corporate Members will attain the adjusted tier level when annual contributions reach that specific level.

Payment Method

- Send us an invoice for our Corporate Partner dues Check # _____ Please make checks payable to IACP
- Charge our credit card:

Discover Mastercard Visa Amex CC# _____

CVV Code: _____ Exp. Date: _____

Name on card: _____ Total Amount: _____

Signature: _____ Date: _____

Billing Address: _____

City _____ State _____ Zip: _____

Please return this form via FAX to 281.495.0602, e-mail to ashlyn@iacprx.org or via mail to 4638 Riverstone Boulevard, Missouri City, Texas 77459.

