

# 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 ALLIED 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 \$1000 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 Allied Service Provider Members are \$7,500 per dues year. The entrance fee is a onetime charge. Please make your check payable to HDMA.
7. You will be billed separately for dues after your application has been approved, pro-rated as applicable. Thereafter, dues are payable each year on January 1st.
8. Mail application form to HDMA, P.O. Box 79462, Baltimore, MD 21279-0462, email with payment to [dues@hdmanet.org](mailto: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.**



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:// \_\_\_\_\_

E-mail \_\_\_\_\_

Date present business was established \_\_\_\_\_

Company profile (35-200 words) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICERS/EXECUTIVES/CONTACTS

Chairman \_\_\_\_\_

E-mail \_\_\_\_\_

President \_\_\_\_\_

E-mail \_\_\_\_\_

**Please list additional contacts below:**

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

## KEY CONTACT\*

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

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](http://www.healthcaredistribution.org)  
Individuals will be notified of their user name and password via e-mail.**



Why do you wish to become a member of HDMA? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List examples of principal products or services \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 \_\_\_\_\_



Please indicate the value-added services you provide to your customers. The data you report will be used in the online resource guide.

- Accounts Payable/Receivable
- Advertising Agency
- Barcoding Products
- Chargebacks
- Cold Chain
- Contract Administration
- Controlled Substance Monitoring
- Credit Management
- Customer Service
- Data Analysis/Management
- Electronic Data Interchange
- Emergency Preparedness
- e-Pedigree
- Human Resources Services
- Legislative
- Management Consultant
- Market Research
- Materials Handling
- New Product Introduction
- Operations
- Other Services
- Pharmaceutical Repackaging
- Pharmacy Management Services
- Planograms
- Point of Sale Services
- Price Change Notifications
- Private/Control/Store Labels
- Product Management
- Promotions
- Public Relations
- Purchasing
- Recalls/Withdrawals
- Receiving
- Regulatory/Compliance
- Repackaging
- Returns Processing
- Rx Information
- Sales and Marketing
- Security Services/Equipment
- Shipping
- Systems Hardware
- Systems Networks
- Systems Software
- Telemarketing
- Track-and-Trace Solutions
- Trade Press
- Trade Relations
- Training
- Transportation
- Third Party Logistics
- Warehouse Design
- Warehouse Management
- Warehouse Systems

# ALLIED MEMBERSHIP APPLICATION

## PAYMENT INFORMATION

A \$1,000 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: \$1,000**

### HDMA INTERNAL USE

Company Name \_\_\_\_\_

Company ID# \_\_\_\_\_

Dues Year \_\_\_\_\_

