



IFPW MEMBERSHIP APPLICATION

Organization Name: _____

Acronym: _____

Address: _____

City: _____ **State/Province:** _____

Zip/Postal Code: _____ **Country:** _____

Telephone: _____

Fax: _____

General E-mail: _____

Website: _____

Chief Executive Officer: _____ **Email:** _____

Chief Operating Officer: _____ **Email:** _____

Contact for IFPW: _____ **Email:** _____

Geographic Region(s) in which Organization Conducts Business:

- Asia / Australia Percentage of Annual Sales: _____
- Europe / Middle East / Africa Percentage of Annual Sales: _____
- Latin America Percentage of Annual Sales: _____
- United States / Canada Percentage of Annual Sales: _____

Membership Type: Association International Manufacturer
 Service Organization Wholesaler

Organization Information:

Date Established: _____

Annual Sales in US\$: _____

 Percentage of Pharmaceutical Sales: _____

Number of Customers: _____

 Largest Customer Market: _____

Number of Employees: _____

Number of Distribution Centers: _____

Type of pharmaceuticals sold: _____