



## MEMBERSHIP APPLICATION

**ORGANIZATION:** \_\_\_\_\_  
**ADDRESS:** (Street) \_\_\_\_\_  
(City) \_\_\_\_\_ (State/Province) \_\_\_\_\_  
(Zip/Postal Code) \_\_\_\_\_ (Country) \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**General Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Membership Type:** \_\_\_\_\_  
*(Association / Manufacturer / Wholesaler – Distributor / Service Organization)*

**Executive Listing:**

**CEO:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**COO:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Contact for IFPW:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Geographic Region(s) in which organization conducts business:**

**Asia / Australia & NZ** (% of Annual Revenue) \_\_\_\_\_  
**Europe / Middle East / Africa** (% of Annual Revenue) \_\_\_\_\_  
**Latin America (including Mexico)** (% of Annual Revenue) \_\_\_\_\_  
**United States / Canada** (% of Annual Revenue) \_\_\_\_\_

**Organization Information:**

**Date Established:** \_\_\_\_\_  
**Number of Employees:** \_\_\_\_\_  
**Annual Revenue (in US\$):** \_\_\_\_\_  
**Number of Customers:** \_\_\_\_\_  
**Customer Markets:** \_\_\_\_\_

***Non-wholesalers please skip to the Personal Information section.***

**Wholesaler / Distributor Information:**

**Number of Distribution Centers:** \_\_\_\_\_  
**Percentage of Revenue from Distribution Services:** \_\_\_\_\_

**Personal Information:**

**Your Name:** \_\_\_\_\_

**Your Position/Title:** \_\_\_\_\_



Please refer to the membership dues schedule below and indicate the amount due and make your check payable (in US\$) to:

International Federation of Pharmaceutical Wholesalers, Inc.  
 10569 Crestwood Drive  
 Manassas, VA 20109  
 United States of America

Or, funds may be transferred via wire using the following information:

Bank Name: Citibank  
 Location: Washington, DC 20004  
 Account Name: International Federation of Pharmaceutical Wholesalers, Inc.  
 Account Number: 15632687  
 ABA Wire #: 254 070 116  
 SWIFT #: CITIUS 33

**2021 MEMBERSHIP DUES SCHEDULE (by member type):**

**Association** (A national or regional distributors’ organization. For countries that have no national trade association, any pharmaceutical distributor doing in excess of 50% of the wholesale trade may be considered an association member):

Dues Amount	Amount Submitted
US\$ 16,000	

**Manufacturer** (Suppliers of ethical pharmaceutical and proprietary medicines and producers of other products distributed by pharmaceutical wholesalers):

Dues Amount	Amount Submitted
US\$ 16,000	

**Service Organization** (Firms that provide a service, product or value to distributors for the distributors’ internal use):

Dues Amount	Amount Submitted
US\$ 11,000	

**Wholesaler/Distributor** (Individual wholesaler firms that directly participate in IFPW):

Total US\$ Annual Sales	Dues Amount	Amount Paid
0 - 500 million	US\$ 11,000	
501 – 1,000 million	US\$ 16,000	
1,001 – 5,000 million	US\$ 27,000	
5,001 – 10,000 million	US\$ 37,000	
10,001 – 20,000 million	US\$ 48,000	
20,001 – 50,000 million	US\$ 58,000	
50,001 – 100,000 million	US\$ 79,000	
100,000 million +	US\$105,000	