



## Service Provider Membership Application Instructions

- 1 Complete each question on the application form. Please type or print clearly and make a copy for your records.
- 2 A one-time nonrefundable \$1,000 application fee must accompany the completed forms. We accept all major credit cards or checks payable to HDA.
- 3 Make certain your application is signed by a senior company executive.
- 4 **You will be billed for annual membership dues once your application has been approved, pro-rated as applicable. Thereafter, dues are payable each year by January 31<sup>st</sup>. Dues for Service Provider Members are \$7,800 per year.**
- 5 The completed application, with payment, should be returned to HDA at:

**Email:** Dues@hda.org

**Fax:** (202) 831-0969

**Mail:** HDA

Attn: Accounts Receivable

1275 Pennsylvania Avenue NW, Suite 600

Washington, DC 20004

**For further information or assistance, please contact Lisa Kanfer, Vice President of Membership and Development at (202) 964-6066. Application processing may take up to 45 days.**

*Payments made to the Healthcare Distribution Alliance are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.*

The Healthcare Distribution Alliance (HDA) represents primary pharmaceutical distributors — the vital link between the nation’s pharmaceutical manufacturers and pharmacies, hospitals, long-term care facilities, clinics and others nationwide. Since 1876, HDA has helped members navigate regulations and innovations to get the right medicines to the right patients at the right time, safely and efficiently. The HDA Research Foundation, HDA’s non-profit charitable foundation, serves the healthcare industry by providing research and education focused on priority healthcare supply chain issues.



# Service Provider Membership Application

## GENERAL INFORMATION:

Applicant Company: \_\_\_\_\_

If division or subsidiary, name of Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

**Please attach a list of addresses of parent company or other divisions/subsidiaries.**

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

Company profile\* (35–200 words): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* The company profile will be included in the membership directory and event materials. HDA reserves the right to edit as necessary.

## KEY CONTACT:

Your key contact will be the recipient of all HDA membership information, including dues invoices.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Providing the e-mail addresses of additional company contacts will ensure that they are able to access the HDA website ([www.hda.org](http://www.hda.org)) as well as receive our weekly e-newsletter.

## ADDITIONAL CONTACTS:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accounts Payable/Receivable     | <input type="checkbox"/> Market Research                     | <input type="checkbox"/> Return Software Licensing   |
| <input type="checkbox"/> Advertising Agency              | <input type="checkbox"/> Materials Handling                  | <input type="checkbox"/> Returns Processing          |
| <input type="checkbox"/> Barcoding Products              | <input type="checkbox"/> New Product Introduction            | <input type="checkbox"/> Rx Information              |
| <input type="checkbox"/> Chargebacks                     | <input type="checkbox"/> Operations                          | <input type="checkbox"/> Sales & Marketing           |
| <input type="checkbox"/> Cold Chain                      | <input type="checkbox"/> Pharmaceutical Repackaging          | <input type="checkbox"/> Security Services/Equipment |
| <input type="checkbox"/> Construction Services           | <input type="checkbox"/> Pharmaceutical Reverse Distribution | <input type="checkbox"/> Shipping                    |
| <input type="checkbox"/> Contract Administration         | <input type="checkbox"/> Pharmaceutical Reverse Logistics    | <input type="checkbox"/> Supply Chain Data Analytics |
| <input type="checkbox"/> Controlled Substance Monitoring | <input type="checkbox"/> Pharmacy Dispensing System          | <input type="checkbox"/> Systems Hardware            |
| <input type="checkbox"/> Credit Management               | <input type="checkbox"/> Pharmacy Management Services        | <input type="checkbox"/> Systems Networks            |
| <input type="checkbox"/> CSOS                            | <input type="checkbox"/> Planograms                          | <input type="checkbox"/> Systems Software            |
| <input type="checkbox"/> Customer Service                | <input type="checkbox"/> Point of Sale Services              | <input type="checkbox"/> Telemarketing               |
| <input type="checkbox"/> Data Analysis/Management        | <input type="checkbox"/> POS Scanning Service                | <input type="checkbox"/> Third Party Logistics       |
| <input type="checkbox"/> Design/Build                    | <input type="checkbox"/> Price Change Notifications          | <input type="checkbox"/> Third Party Receivables     |
| <input type="checkbox"/> Electronic Data Interchange     | <input type="checkbox"/> Product Management                  | <input type="checkbox"/> Time Temperature Indicators |
| <input type="checkbox"/> Emergency Preparedness          | <input type="checkbox"/> Promotional Goods                   | <input type="checkbox"/> Traceability                |
| <input type="checkbox"/> Enterprise Resource Planning    | <input type="checkbox"/> Promotions                          | <input type="checkbox"/> Trade Press                 |
| <input type="checkbox"/> e-Pedigree                      | <input type="checkbox"/> Public Relations                    | <input type="checkbox"/> Trade Relations             |
| <input type="checkbox"/> Financial Services              | <input type="checkbox"/> Purchasing                          | <input type="checkbox"/> Training                    |
| <input type="checkbox"/> Human Resources Services        | <input type="checkbox"/> Recalls/Withdrawals                 | <input type="checkbox"/> Transportation              |
| <input type="checkbox"/> International Distribution      | <input type="checkbox"/> Receiving                           | <input type="checkbox"/> Voluntary Crop Group        |
| <input type="checkbox"/> Inventory Services              | <input type="checkbox"/> Regulatory/Compliance               | <input type="checkbox"/> Warehouse Design            |
| <input type="checkbox"/> Kitting                         | <input type="checkbox"/> Regulatory – Federal                | <input type="checkbox"/> Warehouse Management        |
| <input type="checkbox"/> Legislative                     | <input type="checkbox"/> Regulatory – State                  | <input type="checkbox"/> Warehouse Systems           |
| <input type="checkbox"/> Logistics                       | <input type="checkbox"/> Regulatory – Local                  | <input type="checkbox"/> Other Services:             |
| <input type="checkbox"/> Management Consultant           | <input type="checkbox"/> Repackaging                         | _____  |

**HDA'S MISSION:**

**Advocate** for sound public policy that supports patient access to medicines and medical products through safe, efficient and effective distribution.

**Lead** the healthcare supply chain on policy issues, business practices and industry guidelines to inform and support member development of innovative solutions.

**Convene and partner** with public and private stakeholders to facilitate discussions on industry issues, provide education and support the sharing of leading practices.

I have read the above mission statement of HDA and wish to promote those objectives.

Executive of Applicant Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION:**

**Total Application Fees: \$1,000**

**Form of Payment:**  ACH  MasterCard  Visa  AmEx  Check

**Send ACH Payments to:**

**Capital One Bank Acct# 1360464586 ABA/Routing# 065000090. Remittance to: acctdept@hda.org**

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

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

*Make checks payable to HDA. Your form must be accompanied by payment in order to be processed. Payments to HDA are not 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.*

**HDA INTERNAL USE:**

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

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

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