



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

2022 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\$ 16,500	

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

Dues Amount	Amount Submitted
US\$ 18,000	

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

Dues Amount	Amount Submitted
US\$ 12,500	

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

Total US\$ Annual Sales	Dues Amount	Amount Paid
0 - 500 million	US\$ 12,000	
501 – 1,000 million	US\$ 16,500	
1,001 – 5,000 million	US\$ 28,000	
5,001 – 10,000 million	US\$ 38,000	
10,001 – 20,000 million	US\$ 49,500	
20,001 – 50,000 million	US\$ 60,000	
50,001 – 100,000 million	US\$ 82,000	
100,000 million +	US\$109,000	