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

2026 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$ 17,000	

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

Dues Amount	Amount Submitted
US$ 19,000	

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

Dues Amount	Amount Submitted
US$ 13,000	

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

Total US$ Annual Sales	Dues Amount	Amount Paid
0 – 250 million	US$6,000	
250 - 500 million	US$ 12,000	
501 – 1,000 million	US$ 17,000	
1,001 – 5,000 million	US$ 29,000	
5,001 – 10,000 million	US$ 39,500	
10,001 – 20,000 million	US$ 51,000	
20,001 – 50,000 million	US$ 62,000	
50,001 – 100,000 million	US$ 85,000	
100,000 million +	US$113,000	

Membership Dues payments are not deductible as a charitable contribution for U.S. Federal tax purposes. Dues may be deductible in other localities; or as an ordinary and necessary business expense, in certain circumstances.