



Independent Pharmacy Alliance of America Inc.

The Buying Cooperative

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APPLICATION FOR MEMBERSHIP TO IPA

Rev. 8/09

Please accept my pharmacy into IPA membership with a Lifetime Membership Fee of only \$7.95.

PHARMACY NAME _____ CORP NAME _____

ADDRESS _____ E-MAIL _____

CITY _____ ST _____ ZIP CODE _____ COUNTY _____

TELEPHONE _____ FAX _____ CELL (optional) _____

DEA # _____ NCPDP # _____ NPI # _____
(for manufacturer's rebates)

OWNER'S NAME _____ FRONT MANAGER _____

OTHER BUYING GROUP AFFILIATIONS 1. _____ 2. _____

A complete contract book will be sent upon receipt of this application.

CONFIDENTIAL PHARMACY PROFILE: Please estimate for convenience and fill out only those you wish to answer.

My Current Wholesaler is:	Est. Monthly Whlsr Volume :	Whlsr Account #
1. _____	\$ _____ / month	_____
2. _____	\$ _____ / month	_____

A) ACTUAL SQUARE FOOTAGE _____ OR APPROXIMATE STORE SIZE (sq. ft.):

1000-2500; 2500-5000; 5000-7000; 7000 & up

B) ANDA / VIP PROGRAM: VIP Acct #: _____ ANDA Acct. #: _____

C) VITAMINS/NATURAL SUPPLEMENTS: Nature's Bounty Windmill Vitamins Other _____
Are your vitamins purchased Direct Yes No-through my wholesaler (Name) _____

D) INSURANCE (BOP, Professional, General Liability, Auto, etc.):
Would you entertain a quote on your Business Owners Insurance Policy? Yes No

E) GREETING CARDS: Carlton Cards Gibson Am. Greetings Designer Greetings Other _____
Are your cards Billed Direct: Yes No - through my wholesaler (Name) _____

F) RX COMPUTER SOFTWARE CO.: Please list Name: _____

G) VISA/MASTERCARD: Do you use: Heartland Payment Sys Global Healthcard Other _____

H) PAYROLL: Do you use: Heartland Payment Systems ADP Paychex Other _____

Thank you for adding your strength to the over 2,500 NY, NJ, PA and CT independent pharmacies that are members of IPA. Your signature allows you to participate in any IPA program of your choice and gives IPA your consent to receive faxes sent by or on behalf of IPA. FYI: 95% of all faxes are limited to 1 page for third party, legislative and co-op information.

Please Return This Application via Mail - or - Fax to IPA at 609-395-1007

Authorized Signature

Date