



## Associate Member Application Form

- **Membership dues are based on Annual Sales to CACDS Retail Members, either directly or through wholesalers.**
- **An Associate Member is defined as a company with a distinct name and/or division that has an independent sales and marketing team.**
- **Each Associate Membership entitles the company to request one appointment with each CACDS Retail Member during the CACDS Annual Executive Exchange Conference.**

### SECTION 1 – Company Information

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

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

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Company Description (to be used in announcement to Retail and Associate Members of your membership): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Contact Information

#### Primary Contact

Full Name:		Title:	
Phone:		Email:	

#### Secondary Contact

Full Name:		Title:	
Phone:		Email:	

**Contact Information**

**President/CEO**

Full Name:		Title:	
Phone:		Email:	

Should this individual be on our distribution list for member communications?

Yes       No

**Senior Marketing Contact**

Full Name:		Title:	
Phone:		Email:	

Should this individual be on our distribution list for member communications?

Yes       No

**Senior Sales Contact**

Full Name:		Title:	
Phone:		Email:	

Should this individual be on our distribution list for member communications?

Yes       No

**SECTION 2 – Please indicate which categories your company represents:**

<input type="checkbox"/> Prescription	<input type="checkbox"/> Stationery and cards	<input type="checkbox"/> Rx Software
<input type="checkbox"/> OTC	<input type="checkbox"/> General Merchandise	<input type="checkbox"/> Market Research
<input type="checkbox"/> Natural Health Products	<input type="checkbox"/> Grocery/Confectionery	<input type="checkbox"/> Trade Publishers
<input type="checkbox"/> Health and Beauty	<input type="checkbox"/> Photo/Video	<input type="checkbox"/> Wholesale/Distributor
<input type="checkbox"/> Toiletries, Cosmetics, Fragrances	<input type="checkbox"/> Manufacturer’s Agent / Broker	<input type="checkbox"/> Operational Services

CACDS employees hold privacy of personal information to be of paramount importance and share a common commitment to safeguarding personal information pursuant to privacy laws such as the Canadian federal *Personal Information Protection and Electronic Documents Act (PIPEDA)*, and corresponding Canadian provincial privacy legislation.

## SECTION 3 – Member Referral

To verify your good standing as an Associate member of CACDS, we require references from two **CACDS Retail members**.

1st CACDS Retail Reference:

2nd CACDS Retail Reference

Name:		Name:	
Title:		Title:	
Company:		Company:	
Phone:		Phone:	

## SECTION 4 – Dues Schedule

Please check the appropriate box below

	<b>Your Company's Annual Sales to CACDS Members</b>	<b>Dues</b>	<b>GST 5%</b>	<b>Total with 5% GST – if paid by April 30</b>	<b>HST 13%</b>	<b>Total with 13% HST - if paid on or after May 1, 2010</b>
<input type="checkbox"/> <b>Category 1</b>	Less than or equal to \$10 million	\$3,990.00	\$199.50	\$4,189.50	\$518.70	\$4,508.70
<input type="checkbox"/> <b>Category 2</b>	\$10 - \$20 million	\$6,465.00	\$323.25	\$6,788.25	\$840.45	\$7,305.45
<input type="checkbox"/> <b>Category 3</b>	\$21 - \$50 million	\$9,050.00	\$452.50	\$9,502.50	\$1176.50	\$10,226.50
<input type="checkbox"/> <b>Category 4</b>	Over \$50 million	\$11,635.00	\$581.75	\$12,216.75	\$1512.55	\$13,147.55
<input type="checkbox"/> <b>Category 5</b>	<b>Professional Services Company:</b> includes advertising agencies, data processing companies, financial analysts, insurance consultants, market research companies, trade publishers, and other such services.	\$2,660.00	\$133.00	\$2,793.00	\$345.80	\$3,005.80
<input type="checkbox"/> <b>Category 6</b>  *Please complete info below	<b>Manufacturer Agent/Broker</b> With one membership fee you can represent up to three (3) companies and are entitled to request one appointment with each CACDS Retail Member at the Annual Executive Exchange Conference. List the three companies your membership represents:  1. _____ 2. _____ 3. _____	\$3,990.00	\$199.50	\$4,189.50	\$518.70	\$4,508.70
<input type="checkbox"/> <b>Category 7</b>	<b>Wholesaler/Distributor</b>	\$6,465.00	\$323.25	\$6,788.25	840.45	\$7,305.45

Payment can be made by credit card (VISA, American Express or MasterCard) or cheque payable to CACDS. Membership dues must accompany your completed application form. CACDS Associate membership period is July 1, 2010 to June 30, 2011.

GST must be included with membership dues if paid on or before April 30, 2010. HST must be included with membership dues if paid May 1, 2010 and onward. CACDS' GST/HST Registration Number: 134205533.

**Name on card (please print):** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

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