



## 2010 RETAIL MEMBERSHIP APPLICATION FORM

All sensitive information will be held in strict confidence. Please complete all pages of form. Information should be typed, or clearly printed. Membership is effective upon receipt of your completed application form and full payment pending the approval of CACDS Council of Representatives.

### QUALIFICATIONS

To qualify as a retail member of CACDS, a person, firm or corporation must own and operate five or more retail pharmacies. An applicant for membership shall be treated as owning and operating a pharmacy if the following criteria are met:

- The applicant represents a minimum of 30 retail drug stores in Canada under one or more banner name; or
- The province in which the pharmacy in question is located prohibits corporate ownership of pharmacies; and
- The applicant provides a minimum of three (3) services to its drug stores (services must include: marketing, purchasing and pharmacy related professional services).

If the person, firm, or corporation is already represented by an existing member, it may be refused membership.

### COMPANY INFORMATION

**Official Company Name:** \_\_\_\_\_

**Parent Company (if applicable):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** (     ) \_\_\_\_\_ **Fax:** (     ) \_\_\_\_\_

**Toll Free:** (     ) \_\_\_\_\_

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

**Date Company Founded:** \_\_\_\_\_

Is the company Public \_\_\_\_\_ or Private \_\_\_\_\_

## COMPANY CONTACTS

The following people will be entered in our data base by function for communication purposes. Use a separate sheet for additional names.

\*Given the proprietary, sensitive nature of the retail member-only communication vehicles, access should ideally be restricted to those who are actively involved in the day-to-day issues (Board, Council of Representatives, Pharmacy Committee, Provincial Political Action Committees) of CACDS. However, you have the option of choosing who in your company should have access to them.

Please check which type of access the person should have:

- A) the propriety retail member-only information
- B) the general member information such as newsletters, promotion of events and special reports that is also accessible to Associate Members.

### Main CACDS Contact:

Name:	Email:	Communication	
Title:	Direct Ph:	A:	B:
Address (if different from above):			

### President/CEO:

Name:	Email:	Communication	
Title:	Direct Ph:	A:	B:
Address (if different from above):			

### Sr. Marketing Contact:

Name:	Email:	Communication	
Title:	Direct Ph:	A:	B:
Address (if different from above):			

### Sr. Pharmacy Contact:

Name:	Email:	Communication	
Title:	Direct Ph:	A:	B:
Address (if different from above):			

### Sr. Information Systems Contact:

Name:	Email:	Communication	
Title:	Direct Ph:	A:	B:
Address (if different from above):			

### Sr. Public/Government Affairs Contact:

Name:	Email:	Communication	
Title:	Direct Ph:	A:	B:
Address (if different from above):			

### Sr. Finance Contact:

Name:	Email:	Communication	
Title:	Direct Ph:	A:	B:
Address (if different from above):			

**2010 Membership Dues: Minimum dues are \$15,000.**

Please contact:  
 Heather Tyrrell  
 Director, Membership and Trade Issues  
 Canadian Association of Chain Drug Stores (CACDS)  
 Direct line: 647-837-1401  
 Fax: (416) 226-9185  
 Email: [htyrrell@cacds.com](mailto:htyrrell@cacds.com)

**STORE INFORMATION**

Please indicate the number of stores in each province or territory.

<i>Province or Territory</i>	<b>Number of Stores</b>
Newfoundland and Labrador	
P.E.I.	
Nova Scotia	
New Brunswick	
Quebec	
Ontario	
Manitoba	
Saskatchewan	
Alberta	
British Columbia	
Northwest Territories	
Yukon	
Nunavut	
<b>Total</b>	

Total number of employees, including store level and head office: \_\_\_\_\_

How many pharmacists do you employ? \_\_\_\_\_

How many technicians do you employ? \_\_\_\_\_

**Please attach a list of your member stores, including the name, address and postal code for each (preferably in MS Excel format).**

**Please attach samples of programs and services you provide to your stores, including at least the following three (3) services: marketing, purchasing and pharmacy related professional services.**

**AUTHORIZATION**

The CACDS Council of Representatives requests that you provide nomination for membership from two current CACDS Retail members in the space provided below:

<b>First CACDS Retail Member Reference:</b>	<b>Second CACDS Retail Member Reference:</b>
<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Company:</b>	<b>Company:</b>
<b>Telephone:</b>	<b>Telephone:</b>

CACDS Bylaws require adherence to the Mission which is;

To ensure a strong chain drug store sector which provides Canadian consumers with access to high quality products and health care services. We will achieve this by:

- Contributing to the development of innovative health care solutions;
- Promoting and enhancing the role and value of our chain pharmacy members and their pharmacists in the health care system;
- Ensuring that governments and regulators whose decisions affect the economic viability of chain drug stores understand our issues and make better use of the infrastructure available in member locations;
- Working with our supplier community to increase consumer satisfaction through greater efficiency and effectiveness of our supply chain; and
- Monitoring and informing our members on industry-wide issues.

I hereby make application for membership in the Canadian Association of Chain Drug Stores. In signing this application, I certify the information to be a true representation of our organization. In addition, this demonstrates our commitment to supporting the mission of the corporation (CACDS).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*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.*

**Return forms with payment to:**  
CACDS  
301-45 Sheppard Avenue East  
Toronto, ON M2N 5W9