



## CACDS Affiliate

An Affiliate of CACDS is an organization that has an interest in the activities of CACDS but does not meet the following criteria for Retail or Associate Member.

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 with the criteria above, it may be refused membership.

Any person, firm or corporation who supplies goods or services to the profession of pharmacy, the pharmacy industry or retail pharmacy stores and who is recommended by two or more Retail Members is eligible to become an **Associate Member**.

### CACDS Affiliates

The membership term for Affiliates is from July 1 to June 30 of the following year.

*For an annual fee of \$1,000, an Affiliate will receive:*

- CACDS Online e-bulletin
- Annual Community Pharmacy Report (value of ~\$400)
- Other pharmacy industry communications as appropriate

A CACDS Affiliate is eligible to register for the following CACDS events:

- Select seminars
- Chain Drug Conference

*Board approval is required for all applications.*

Please complete the attached form and return along with payment to:

CACDS  
45 Sheppard Ave. East, Suite 301  
Toronto, ON M2N 5W9

Questions? Contact Heather Tyrrell, Director, Membership and Trade Issues at 647-837-1401 or via e-mail at [htyrrell@cacds.com](mailto:htyrrell@cacds.com).

# Affiliate Application Form

## 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 in Retailer Report and Online communications):

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### Contact Information

#### Primary Contact:

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Secondary Contact:

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment by credit card (Visa, American Express, MasterCard) or cheque payable to CACDS for Affiliate dues must accompany your completed application form. The dues represent a full year term from July 1, 2009 to June 30, 2010.

Dues: \$1,000 plus \$50 GST = \$1,050  
CACDS GST Registration Number: 134205533.

Card Type:  VISA  MasterCard  AMEX

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

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