



Expert Third-Party Audit and Contract Advice



*Required

APPLY FOR MEMBERSHIP

If you are engaged in an Audit, you are required to join for 2 years.

Join PAAS today by filling out the secure form below and start immediately receiving nationally recognized expert third-party contract and audit advice.

Owners of multiple stores must enroll all stores. Please print out a new copy for each store.

Step 1. Store Information

Pharmacy Name*: _____
 NABP#: _____
 NPI#: _____
 Street Address*: _____
 City*: _____
 State*: _____
 Zip*: _____
 Phone*: _____
 Fax*: _____
 Your Name*: _____
 Your Email Address*: _____

Step 2. Select Membership Type*

- Annual Membership – \$349 / year
- 2-Year Membership – \$698 / 2 years
- 3-Year Membership – \$899 / 3 years (Add a third year for just \$201!!)

Step 3. Billing Information

- This information must match the information on your credit card account.

Card (Company or Contact) Name*: _____
 Address*: _____
 City*: _____
 State*: _____
 Zip*: _____
 Phone*: _____
 Email*: _____
 How did you hear about us?*: _____
 If Other, please specify*: _____
 If you received a brochure
 in the mail, what is the number
 on the brochure? _____

Credit Card Information

- Please enter your credit card information.

Card Type:

- Visa Mastercard American Express Discover

Credit Card Number*: _____
 Expiration Date*: _____
 Authorization Code: _____