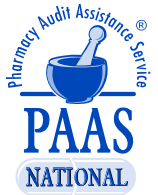


Date \_\_\_\_\_

# MEMBERSHIP FORM

NEW

RENEW



Store Name \_\_\_\_\_

Are you affiliated with any other stores? *Yes or No*

NCPDP # \_\_\_\_\_

Store NPI # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Contact Person(s) \_\_\_\_\_

How did you hear about PAAS? \_\_\_\_\_

*Stores engaged in Audit situations must enroll for 2 yrs.*

## PAYMENT INFORMATION

**1yr. \$379 2yr. (audit) \$758 3yr. \$989**

2012 Membership Rates

ALL Stores Under Common Ownership Must Enroll

# of Additional Stores \_\_\_\_\_

TOTAL \_\_\_\_\_

VISA      AMEX      M/C      DISCOVER

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City / St / Zip \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

\*\*\*\* Checks accepted by mail only\*\*\*\*

PAAS National Inc.

160 Business Park Circle

Stoughton WI 53589

888-870-7227

Fax 608-873-4009