

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

# of Stores	1 Year	2 Years	3 Years (\$148 savings)
1	\$379	\$758	\$989
2	\$629	\$1258	\$1739
3	\$839	\$1678	\$2369
4	\$1059	\$2118	\$3029
5	\$1269	\$2538	\$3659
6	\$1489	\$2978	\$4319
7	\$1699	\$3398	\$4949
8	\$1919	\$3838	\$5609
9	\$2129	\$4258	\$6239

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

Store #2 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #3 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #4 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #5 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #6 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #7 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #8 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #9 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____

Store #10 Name _____

NCPDP # _____ **Store NPI #** _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____

Fax _____ - _____ - _____

E-mail Address _____

Contact Person(s) _____