



# Healthcare Distribution Alliance: Pharmaceutical Cargo Security Coalition (PCSC) Membership Application form

The Pharmaceutical Cargo Security Coalition (PCSC) is a Healthcare Distribution Alliance (HDA) service offering that provides a forum for industry security and logistics professionals to exchange supply chain risk intelligence; network with peers, law enforcement and regulatory officials at all levels of government; and participate in education programs and information that advances risk management and mitigation capabilities of all stakeholders.

PCSC is a separate and distinct offering within the HDA. PCSC member companies that are not also members of HDA in other membership categories are not afforded access to the full range of HDA member benefits. Examples of exclusions include attendance to HDA's Business and Leadership Conference, access to non-PCSC committees and other HDA-specific programs and services.

## INSTRUCTIONS

- 1 Complete each question on the application form. Please type or print clearly and make a copy for your records.
- 2 PCSC reserves the right to request additional information as needed.
- 3 **You will be billed for your membership dues once your application has been approved. Dues are payable by January 31 each year, based on the enclosed dues schedule.**
- 4 The completed application should be returned to HDA at:

**Email:** Dues@hda.org

**Fax:** (202) 831-0969

**Mail:** HDA

Attn: Accounts Receivable  
1275 Pennsylvania Avenue NW, Suite 600  
Washington, DC 20004

**ACH:** Contact Lisa Gallagher at Dues@hda.org or (202) 964-4818 for transfer details.

**Application processing takes an average of 15 business days from the date received.**

For further information or assistance regarding membership, contact Chuck Forsaith, Senior Director, PCSC, at (401) 623-1344 or cforsaith@hda.org; or Lisa Kanfer, Senior Director, Membership and Development, at (202) 964-6066 or lkanfer@hda.org.



## Membership Categories

**CORPORATE MEMBERSHIP** entitles ALL employees from that company to the benefits and services of the PCSC.

**Dispenser:** Retailers, health systems or other entities that dispense healthcare products.

**Distributor:** A company (other than a manufacturer, a manufacturer's co-licensed partner, a third-party logistics provider or repackager) engaged in the wholesale distribution of healthcare products.

**Manufacturer:** A company engaged in the development, manufacturing or labeling of healthcare products.

**Non-Pharmaceutical:** Any company with an interest in supply chain or general security practices, procedures and/or intelligence.

**Service Provider:** Companies that provide services to the healthcare supply chain, including technology, security, shipping, material handling, insurance, etc.

**INDIVIDUAL MEMBERSHIP** benefits and services of the PCSC are entitled solely to the individual.

**Individual:** Any individual with an interest in supply chain or general security topics; open to all industries. More than two individual members from the same company will require a corporate membership.

**GOVERNMENT/LAW ENFORCEMENT/ACADEMIA MEMBERSHIP** benefits and services of the PCSC are entitled to the individual and the organization.

**Government/Law Enforcement/Academia:** Personnel associated with any federal, state and/or local law enforcement. This includes any country's federal law enforcement agencies (in the United States examples include the FDA, DEA, DHS or FBI); state police agencies; local police and county agencies; etc. This offering also extends to all branches of a country's military services, educators, students, or research individuals affiliated with a recognized educational institution.

## I AM APPLYING FOR THE FOLLOWING MEMBERSHIP CATEGORY:

- Dispenser
  Distributor
  Manufacturer
  Non-Pharmaceutical
  Service Provider
  Individual
  Government/Law Enforcement/Academia

### Distributor, Manufacturer or Dispenser Corporate Membership Dues

Membership dues are based on the annual net sales for your most recently completed fiscal year.

Corporate Sales	Dues
< \$50MM	\$1,000 per calendar year
\$50MM - \$250MM	\$2,000 per calendar year
>\$250MM	\$3,000 per calendar year

What are your total annual sales for your most recently completed fiscal year (if applicable)? \$ \_\_\_\_\_  
 (This information will be held in strict confidence and is only used to calculate your company's dues)

### Service Provider or Non-Pharmaceutical Corporate Membership Dues

\$1,500 per calendar year

### Individual Membership Dues

More than two individual members from the same company will require a corporate membership.

\$500 per calendar year

### Government/Law Enforcement/Academia Membership Dues

Complimentary



**APPLICANT NAME**

*(Your name will be listed in the member directory as follows.)*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Profile\* (35–200 words): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*PCSC reserves the right to edit as necessary.*

\_\_\_\_\_

**KEY CONTACT:**

*(The key contact will be the recipient of all PCSC membership information, including dues invoices.)*

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

Key Contact's Preferred Mailing Address (to be listed in member directory):

\_\_\_\_\_

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

Email (company domain email address): \_\_\_\_\_

Phone (to be listed in member directory): \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION/MISSION**

The company certifies that its responses contained herein are accurate, and by submitting this application, agrees to provide to HDA/PCSC any additional information necessary to assure the accuracy of its responses.

**PCSC Mission Statement:** HDA's Pharmaceutical Cargo Security Coalition offers supply chain security intelligence; access to contacts from industry, government and vendor trade disciplines; physical and supply chain security assessments; a reference library of supply chain security publications, articles and related documents; as well as opportunities to attend educational events. Primarily (but not exclusively) focused on the pharmaceutical industry, PCSC provides useful insights for anyone interested in supply chain **security**.

I have read the above mission statement of PCSC and wish to promote those objectives.

Name of applicant: \_\_\_\_\_

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



**PAYMENT INFORMATION:**

Amount: \_\_\_\_\_

Dispenser  Distributor  Manufacturer  Non-Pharmaceutical  Service Provider  Individual

Please charge my:  Mastercard  Visa  American Express  Check # \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

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

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

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**Checks may be made payable to HDA. Mail checks to:**

HDA  
 Attn: PCSC Membership  
 1275 Pennsylvania Avenue NW, Suite 600  
 Washington, DC 20004

*Payments to HDA are not tax deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Tax ID #13-1088150.*