Year 2004 Membership Application
National Council on Patient Information and Education

1. Your Information

Name:

Title:

Organization:

Address:

City, State, Zip: | Country (if outside US):

Telephone: | Fax:

Website: | e-mail:

How did you learn about the National Council?

2. My organization is best described as (check one) :

	Dues Level
☐ Public sector, consumer and/or patient advocacy group; university, chapter and affiliate of national organization; and state or regional **non-profit** managed care organization	$150
☐ National or international **non-profit** health professional organization and health-related trade association; and state or regional **for-profit** company.	$750
☐ National or international **for-profit** company, including pharmaceutical manufacturers and managed care organizations.	$7,500

3. Advisory Council and Committees

Please check the committee(s) below on which you would like to serve:

☐ Consumer Medicine Information ☐ Conference ☐ Membership ☐ Public Relations

4. Payment Information

☐ Check or Money Order (payable to NCPIE, in U.S. dollars)

NCPIE Federal Tax ID#: 52-1272884

Credit Card: ☐ Visa ☐ Mastercard

Acct. No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp. Date: ☐☐☐☐

Amount

Dues$

Tax - Deductible contribution:$

TOTAL:$

5. Submit Application -- Credit Card payments, fax to: (301) 656-4464

If paying by check, please mail the form and your payment to:

NCPIE
4915 Saint Elmo Ave., Suite 505
Bethesda, MD 20814-6082

Phone: (301) 656-8565

NCPIE's Membership Year is January-December. We look forward to welcoming you to our coalition!

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