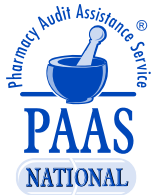


Date _____

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 years.

PAYMENT INFORMATION

2013 Membership Rates

ALL Stores Under Common Ownership Must Enroll

Number of Stores	1 Year	2 Years (Audit)	3 Years
1	\$399	\$798	\$1,077
2	\$670	\$1,340	\$1,890
3	\$900	\$1,800	\$2,580
4	\$1,140	\$2,280	\$3,300
5	\$1,370	\$2,740	\$3,990
6	\$1,608	\$3,216	\$4,704
7 or more	Call for Rate	Call for Rate	Call for Rate

of Additional Stores _____

TOTAL _____

VISA	AMEX	M/C	DISCOVER
Card Number _____	Security Code _____	Exp. Date _____	

Cardholder Name _____

Billing Address _____

City / St / Zip _____

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

PAAS National Inc.

160 Business Park Circle

Stoughton WI 53589

608-873-1342

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) _____