

## Integrated Dermatology Network *(part of the Integrated Physician Networks)* Membership Application Agreement

For more information, please contact Member Services at (888) 536-7697 ext 6847.  
 All completed forms should be returned via fax to Member Services at (866) 213-7780.

### Membership Agreement

This Membership Agreement ("Agreement") is made by and between the Integrated Dermatology Network ("IDN") and ("Applicant")

effective as of (current date): \_\_\_\_\_

\_\_\_\_\_  
 Legal Name of Organization (Applicant)

\_\_\_\_\_  
 Address of Administrative Office

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

### Practice Information

By providing fax number and signing this agreement, Member hereby grants IDN permission to contact Member via fax in order to pass on information regarding educational meetings, product/pricing announcements, and/or any other information that IDN deems may be of interest to Member, consistent with the requirements set forth in the Junk Fax Prevention Act of 2005.

\_\_\_\_\_  
 Legal Name of Practice Tax ID

\_\_\_\_\_  
 Address of Practice

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

Dispensing Location \_\_\_\_\_ Dispensing pharmacy on site:  Yes  No

\_\_\_\_\_  
 Number of Physicians in Practice Telephone Number Fax Number

\_\_\_\_\_  
 Office Contact

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

*If there are additional qualifying sites, please attach a separate sheet identifying each with address, telephone and fax numbers.*

Physician(s) Name(s)	DEA Number	Medical Specialty	Professional E-mail Address

*\*If necessary, please list additional physician information in the designated section on the next page.*

