



3101 Gaylord Parkway
Frisco, TX 75034
www.ipnonline.com

Membership Application Agreement

For more information, please contact Member Services at (888) 536-7697 ext 3103. All completed forms should be returned via e-fax to Member Services at 800-850-7016.

Please select the specialty or specialties that apply.

Dermatology Gastroenterology Rheumatology Urology Vision Neurology

Membership Agreement

This Membership Agreement ("Agreement") is made by and between IPN and Applicant effective as of (current date):

Legal Name of Organization (Applicant)

Address of Administrative Office

City

State

Zip Code

Practice Information

By providing e-mail address(es) and signing this agreement, Applicant hereby grants IPN permission to contact Member via e-mail and/or fax in order to pass on information regarding educational meetings, product/pricing announcements, and/or any other information that IPN 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

Lead Physician Name

E-mail Address

Administrator Name

E-mail Address

*If there are additional affiliated sites, please provide on company letterhead identifying each with practice name, address, telephone, fax, e-mail address and physician.

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.*

