



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 844-322-9404.

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.*

Practice Information (continued)

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

Signature and Certification

By submitting the following application information and signing this Agreement, Applicant agrees to enroll as a Member of IPN, and to permit IPN to negotiate and administer certain purchasing agreements on its behalf. One program offered to Members by IPN is a group purchasing function where IPN has negotiated with vendors of a variety of goods and services on behalf of its Members. In that regard, the parties acknowledge that vendors from whom goods or services are purchased by Members may pay to IPN an administrative fee, the percentage of which will vary but will be no more than three percent (3%) of the value of the purchases, unless Members receive advance notice of such fees. If the Member is an entity that is a healthcare provider of services, IPN shall disclose in writing to the entity, at least annually, the fee amount received from each vendor with respect to purchases made by on behalf of the entity.

The parties acknowledge and agree that all goods purchased by the Member will be subjected to an "own use" restriction, and that resale by Member is therefore prohibited.

Either party may terminate this Agreement by giving to the other party thirty (30) days written notice. Notice shall be effective upon receipt.

IPN hereby accepts Applicant as Member:

X _____
Practice Signature

Printed Name

Title

Date

X _____
By

Printed Name

Title

Date

