

Company Information:

Describe key product line(s) or service(s) provided:

Annual sales: _____

Annual sales to the drug industry: _____

Number of drug industry customers: _____

Number of employees: _____

Interest in the PDE:

Please state why your company is interested in joining the PDE:

Company Representatives:

Please give the following information for the persons who would represent your company with the PDE as:

Official Correspondent: (Primary contact)

Name: _____

Title: _____

Preferred Mailing Address: _____

Address Line 2: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Delegate: (Alternate contact)

Name: _____

Title: _____

Preferred Mailing Address: _____

Address Line 2: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

Cell Phone Number: _____

E-Mail Address: _____

Sponsors (2 sponsors are required)

Name of the individual and his/her company proposing your membership:

1. Name: _____

PDE Member Company: _____

2. Name: _____

PDE Member Company: _____

Note: Sponsors' letters are to be sent to the Membership Committee and signed by the Official Correspondent or Delegate. A list of current PDE members can be obtained from the PDE office (pdetrade@msn.com) or through the PDE website (www.pdetrade.org) under the Members Tab.

Signature of Applicant: _____

Title: _____

Date: _____

**Please complete and submit this application with a \$125
Non-Refundable Application Fee (payable to PDE) to the
Chairman of the PDE Membership Committee:**

**Mr. Gary Peterson
101 Norman Circle
Glenmore, PA 19343
Attn: PDE Membership**

For more information, please visit the PDE website at

www.pdetrade.org

Annual membership dues are \$450