



PBMI Membership Application

4 Easy Ways to Join:

 By Phone: 480-730-0814

 By Mail: 8679 E. San Alberto Dr., Suite 101, Scottsdale, AZ 85258-4368

 By Fax: 480-222-4229

 By Internet: www.pbmi.com

Membership Category:

Pharmacy Benefit Manager: \$2,500/year

Mr./Mrs./Ms. _____

Organization _____

Title _____

Email _____

Please email PBMI's free *Quick Tips* newsletter, event announcements, and publication updates.

Address _____

City/State/Zip _____

Phone _____ Fax _____

Please send a 75-word company description and logo file in a high resolution format (.jpg or .eps) for inclusion in the PBM directory on the PBMI Website. Digital logo files can be sent to pbmi@pbmi.com.

A PBMI representative will contact you about the recipient list for five subscriptions to PBMI's members-only publications.

Payment Information

Charge my credit card Bill me My check/money order for \$ _____ is enclosed.

Name on credit card _____

Card# _____ Exp: _____ / _____

Signature _____



**PHARMACY BENEFIT
MANAGEMENT INSTITUTE, LP**

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