



## Membership Requirements

By signing the enclosed membership application and rebate commitment forms, I am indicating that I wish to be a participating member of RxPlus Pharmacies, Inc. I also agree to meet the following requirements:

1. I have enclosed with my application a check in the amount of \$100 to purchase one share of stock in RxPlus.
2. I will pay monthly dues in the amount required by the RxPlus Board of Directors. This amount will not exceed \$30.00 per pharmacy per month.
3. I agree to purchase 80% of my monthly volume from an RxPlus designated primary wholesaler.
4. I further agree to purchase from RxPlus designated vendors.
5. My pharmacy (or pharmacies) is (are) not owned by a major chain pharmacy company, and each pharmacy is also a member of RxPlus.
6. I will provide a current proof of pharmacy liability insurance, to the RxPlus office.
7. I authorize RxPlus access to all my purchase data in order for them to track rebates.
8. I agree to display RxPlus signage as may be required in the future.
9. I agree to keep confidential all RxPlus information including correspondence and contract pricing.
10. I will complete the minimum hours of continuing education as required by the State Board of Pharmacy.
11. I will meet any other requirements deemed necessary by the Board of Directors of RxPlus Pharmacies, Inc.

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Signature

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Date

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Pharmacy