

Trading Partner Application

Name and Contact Information

Legal organization name *

Organizational name as you would like it to appear on materials. *

Primary contact person *

Title *

Address (for legal correspondence) *

Street Address

City

State / Province

Postal / Zip Code

Country

Email address *

Website *

Phone Number *

Area Code Phone Number

Are any organizations commonly controlled (parent, subsidiary, sister company) by your organization also a member of the DSCSA Interoperability Forum? *

YES

NO

If yes, which organizations(s):

Designated Sector

In which sector will your organization hold its membership? *

Is your designated sector the same sector as your primary business line (meaning your highest revenue sector based on US pharmaceutical revenue)? *

YES

NO

If not, explain your interest in representing a sector other than your primary business line.

Please list any other sectors in which you operate.

2018 US Pharmaceutical Revenue (across all sectors). *

Number of full-time employees. *

Designated Voting Representative

Name *

Title *

Email *

Phone Number *

Area Code Phone Number

Alternate Contact

Name *

Title *

Email *

Phone Number *

Area Code Phone Number

The DSCSA Interoperability Forum is a balanced, independent, sector-neutral forum committed to advancing the interoperable tracing and verification of U.S. pharmaceuticals pursuant to the Drug Supply Chain Security Act of 2013. By submitting this application, the applicant commits to supporting the mission and purpose of the DSCSA Interoperability Forum in good faith. The applicant acknowledges that additional information and commitments (including signature of the Forum's Antitrust Policy, Conflict of Interest Policy, and Intellectual Property Policy) may be required as a condition of membership. The applicant will make timely payment of the required membership dues and acknowledges that its membership may be terminated, as described in the Bylaws, if its dues are not timely paid.