

**Alabama Independent Drugstore Association
Political Action Committee (AIDARx PAC)**

600 Interstate Park Drive, Suite 609, Montgomery, AL 36109
(334) 213-2432 Fax (334) 213-2406

AIDA Members:

The Alabama Independent Drugstore Association has established the AIDARx PAC. This PAC was established for the purpose of supporting and representing the issues affecting both the professional and business interests of independent pharmacy owners, their employee pharmacists and pharmacy technicians.

Simply based on the number of Alabama citizens we have personal contact with on a daily basis, Independent Pharmacy can, and should be, a strong political force. We have the opportunity to educate and influence the decisions and actions of those patients/customers we serve. In addition, many members of the Alabama Legislature, as well as the Alabama Congressional Delegation come to our independent drugstores for their pharmacy needs. We need to take advantage of those opportunities to educate and influence our Senators and Representatives at both the state and national levels on legislation that will effect our profession and our business.

We can no longer afford to leave the future of the practice of independent pharmacy in the hands of others. We must begin to use the opportunities that we have daily to build our political strength and recognition. In addition to these daily opportunities, we must build a strong PAC that we know will be used solely to represent independent pharmacy.

A strong PAC is extremely important if we are going to have a voice in the legislative process. A strong PAC combined with utilizing our opportunities through personal contacts will create a strong and effective voice for independent pharmacy. I urge you to consider getting involved in the political process by making an annual contribution to the AIDARx PAC, and to take action when called on to contact your Senators and Representatives. **Getting involved is the only way to have an effective voice in our future!**

Sharon Taylor,
AIDA Executive Director

AIDARx PAC CONTRIBUTION
(Please Print)

DRUGSTORE _____

ADDRESS _____

WORK # (____) _____

OWNER _____

Enclosed is my contribution in the amount of \$_____ to the AIDARx PAC. (Please make check payable to AIDARx PAC.)

Signature

Date

Mail your contribution to:

**AIDARx PAC
600 Interstate Park Drive, Suite 609
Montgomery, AL 36109**