

Affiliate Program Sign-Up

Dear [Recipient's Name],

We are excited to invite you to join our Pharmacy Affiliate Program! As a trusted partner, you can earn commission by promoting our range of pharmaceutical products.

Program Details:

- Commission Rate: [X%]
- Payment Frequency: [Monthly/Quarterly]
- Exclusive Promotions and Discounts for your audience

To sign up, please complete the application form at the following link: [Insert Link]

If you have any questions, feel free to contact us at [Contact Information]. We are here to help!

Looking forward to partnering with you!

Best Regards,

[Your Name]

[Your Position]

[Pharmacy Name]

[Pharmacy Contact Information]