

ASSOCIATE MEMBERSHIP APPLICATION

Membership application requires approval.

Name: _____

Company & Title: _____

Address: _____

City/State/Zip code: _____

Phone: _____ **Alt. Phone:** _____ **Fax:** _____

Email: _____ **Website:** _____

Brief Job Description:

Products Manufactured: (Brief Description/List)

COMPANY PROFILE

MARKET CHANNEL

- MED-SURG DISTRIBUTION
- DIRECT CONTRACT MFR REPS
- DIRECT SALES FORCE
- OTHER:

PRODUCT LINE

- DISPOSABLES
- EQUIPMENT
- DIAGNOSTICS
- OTHER:

ANNUAL REVENUE

- SMALL: \$1-\$20 million
- MID-SIZE: \$20-\$99 million
- LARGE: \$100 million+

GEOGRAPHY SERVED

- GLOBAL
- DOMESTIC (U.S. ONLY)

PAYMENT INFORMATION:

HMMC Membership is \$595 annually or \$998 for two years*

- CREDIT CARD PAYMENT - Contact the HMMC Office at 609-297-2211
- CHECK OR MONEY ORDER - Made payable to HMMC

Send payment to: HMMC
Attn: Kathy Martin,
191 Clarksville Road, Princeton Junction, NJ 08550

Email application to: HMMC@HMMC.com



*All conference fees and sponsorships are paid separately.