

EXECUTIVE 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:

PRODUCTLINE

- 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)

Which Committee would you like to join: Marketing Membership Programming Sponsorship

PAYMENT INFORMATION:

HMMC Membership is \$695 annually or \$1,198 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

