

ASSOCIATE MEMBERSHIP APPLICATION

Membership application requires approval.

NAME _____

COMPANY & TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

PHONE _____ ALTERNATE PHONE _____ FAX _____

E-MAIL _____ 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 \$695 annually or \$1,198 for two years*

- Charge my credit: VISA MasterCard AMEX

NAME ON CARD _____ EXP DATE _____

CARD NUMBER _____ SEC CODE _____

SIGNATURE _____

- Check or money order – made payable to HMMC

Send payment to HMMC, 510 King St., Suite 200, Alexandria, VA 22314 or email application to HMMC@hida.org.

* Conference fees and sponsorships are paid separately.