

# EXECUTIVE MEMBERSHIP APPLICATION

*Membership application requires approval.*

NAME

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COMPANY & TITLE

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ADDRESS

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CITY

STATE

ZIP/POSTAL CODE

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PHONE

ALTERNATE PHONE

FAX

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E-MAIL

WEBSITE

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## 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

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CARD NUMBER

SEC CODE

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SIGNATURE

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- 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](mailto:HMMC@hida.org).

\* Conference fees and sponsorships are paid separately.