

# 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\*

- ☐ 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](mailto:HMMC@hida.org).

*\* Conference fees and sponsorships are paid separately.*