



Membership Application

distributor/rep/service

113 Space Park North
 Goodlettsville, TN 37072
 615-859-2337
 615-859-2997
 imda@imda.org

To be eligible for membership as an Active Member in the association, the applicant shall be a firm or corporation that meets the following qualifications:

1. To be independently owned and operated and primarily a company engaged in the sales and marketing or leasing of specialized medical products, supplies and/or equipment to hospitals, surgery centers, clinics, nursing homes, physicians and other purchasers, lessees, and/or consumers of health care products.
2. To have been actively engaged in such business for a period of two years prior to making application for membership; to be financially sound; the officers and owners to be of sound character and have a reputation for integrity within the industry. (If applicant meets all other requirements, the Board of Directors may waive the two-year requirement.)
3. Must have sufficient specialized and trained personnel and facilities to provide ongoing sales, marketing, education, training and service to its customers.

COMPANY INFORMATION

Firm Name:

Mailing Address:

City:

State:

ZIP Code:

Phone:

800 Number:

Fax:

Website:

Date of First Sale to Customer:

Years in Business:

Number of Outside Salespersons:

Inside Employees:

Field Sales Managers:

Company is a: Corporation Sub Chapter S Partnership Proprietorship Other:

Total # of Employees:

PRIMARY REPRESENTATIVE INFORMATION

Name:

Spouse's Name:

Title:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

ADDITIONAL REPRESENTATIVES

Name:

Title:

Email:

Name:

Title:

Email:

Name:

Title:

Email:



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How did you learn about IMDA?

Current Member
 Prior Membership
 Website

Major business thrust (Specialties to be listed in the Directory):

- Cardiovascular
- Critical Care/Respiratory/Anesthesia
- Emergency Medicine/EMS
- Gastroenterology/Endoscopy
- Interventional Radiology/Vascular/IV Therapy
- Neonatal
- OB/GYN
- Orthopedics/Spine
- OR/Surgery
- Rentals & Biomedical Services
- Other: _____

Please indicate what percent of your business is (total must equal 100%):

Product sales as a distributor:
Product Sales as a manufacturer's representative:
Rental, service & repair:
Other sales:

Principal Territory Covered (list states or provinces- whole or parts to be listed in the directory)

Branch Locations (list address in full and phone number)

List manufacturers for whom you distribute/rep. (We use this information to gauge manufacturers' interest in joining IMDA as allied members, and to offer them ongoing information about specialty sales and marketing organizations. Your name will not be associated with any of these efforts. However, the information you provide can help us strengthen IMDA and increase the industry's awareness of specialty sales and marketing organizations. Please attach list for additional manufacturers.)

Company:	Company:	Company:
Contact:	Contact:	Contact:
Title:	Title:	Title:
Address:	Address:	Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
Phone:	Phone:	Phone:
Email:	Email:	Email:



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Product Sales Volume Annual Dues

\$0-5 Million \$1,400.00
\$5-10 Million \$1,900.00
\$10-20 Million \$2,400.00
\$20-80 Million \$2,900.00
Over \$80 Million \$5,400.00

I certify that the information in this application is correct to my knowledge.

SIGNATURE OF FIRM'S DELEGATE _____

DATE Annual Dues - Annual Dues must accompany this application and are based on product sales volume. Payment will be processed after application is approved by the Board.

Payment Enclosed is my: Check Visa MC AmEx (Payment must be in U.S. Dollars)

Card#	Exp.
Name on Card:	Sec Code:
Zip Code:	Signature:

IMDA's Federal ID Number: 23-2267209. Membership dues are not deductible as charitable contributions for federal income tax purposes. Dues may be deducted as a business expense to the extent allowed by law. Consult your tax advisor.