

MEMBERSHIP APPLICATION

distributor/rep

5204 Fairmount Avenue
 Downers Grove, IL 60515
 866-IMDA-YES (463-2937)
 Fax: 630-493-0798
 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, surgi 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.

 FIRM NAME

 MAILING ADDRESS

 CITY STATE/PROVINCE ZIP+4 COUNTRY

 PHONE 800 NUMBER FAX WEBSITE Yes, link to Website

Primary Representative to IMDA:

 NAME

 SPOUSE'S NAME

 TITLE

 E-MAIL

Unless I check this box, you may communicate with me by fax.

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PRIMARY REPRESENTATIVE'S INDUSTRY BACKGROUND (BIOGRAPHY)

Additional Representatives to be included on mailing list and in the Directory:

Name	Title	E-mail
_____	_____	_____
_____	_____	_____

 DATE OF FIRST SALE TO CUSTOMER (FOUNDING DATE) YEARS IN BUSINESS

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

 NUMBER OF OUTSIDE SALESPERSONS INSIDE EMPLOYEES FIELD SALES MANAGERS TOTAL # OF EMPLOYEES

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

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: _____

 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)



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continued



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How did you learn of IMDA?

- Current Member
- Prior Membership
- Website

NAME: _____

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.)

1. COMPANY	2. COMPANY
CONTACT	CONTACT
TITLE	TITLE
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE
E-MAIL	E-MAIL

3. COMPANY	4. COMPANY
CONTACT	CONTACT
TITLE	TITLE
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE
E-MAIL	E-MAIL

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.

Please indicate dues level below:

Product Sales Volume	Annual Dues
<input type="checkbox"/> \$0-5 Million	\$1,400.00
<input type="checkbox"/> \$5-10 Million	\$1,900.00
<input type="checkbox"/> \$10-20 Million	\$2,400.00
<input type="checkbox"/> \$20-80 Million	\$2,900.00
<input type="checkbox"/> Over \$80 Million	\$5,400.00

DO NOT WRITE IN THIS SECTION

RECEIVED	BOD
APPROVED	DB
WEB	NEWSLETTER

Payment

Enclosed is my Check Visa MC AmEx **Payment must be in U.S. Dollars.**

CARD #	EXP
NAME ON CARD (PLEASE PRINT)	SIGNATURE <i>(signifies authorization to charge credit card account)</i>

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.