

**MEMBERSHIP APPLICATION**

distributor/rep

**113 Space Park North  
Goodlettsville, TN 37072  
866-IMDA-YES (463-2937)  
Fax: 614-467-2071  
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.

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

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

\_\_\_\_\_ % Product sales as a distributor

Cardiovascular  
Critical Care/Respiratory/Anesthesia

\_\_\_\_\_ % Product sales as a manufacturer's representative

Emergency Medicine/EMS

\_\_\_\_\_ % Rental, service & repair

Gastroenterology/Endoscopy

\_\_\_\_\_ % Other sales

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)

\_\_\_\_\_

# MEMBERSHIP APPLICATION

## distributor/rep

continued



113 Space Park North Goodlettsville, TN 37072  
866-IMDA-YES (463-2937 \* Fax: 615-859-2997 \* IMDA@IMDA.org

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

CONTACT

TITLE

ADDRESS

CITY/STATE/ZIP

PHONE

E-MAIL E-MAIL

3. COMPANY

CONTACT

TITLE

ADDRESS

CITY/STATE/ZIP

PHONE

E-MAIL

2. COMPANY

CONTACT

TITLE

ADDRESS

CITY/STATE/ZIP

PHONE

E-MAIL

4. COMPANY

CONTACT

TITLE

ADDRESS

CITY/STATE/ZIP

PHONE

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**

- \$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

**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 (signifies authorization to charge credit card account)

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.