

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, please link to my website

Primary Representative to IMDA:

 NAME SPOUSE'S NAME

 TITLE EMAIL

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

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

 PRIMARY REPRESENTATIVE'S INDUSTRY BACKGROUND (BIOGRAPHY)

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

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

 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)

 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)

