

ALLIED MEMBERSHIP APPLICATION

manufacturer

To be eligible for membership as an Allied (Manufacturer) member in the association, the applicant shall be a firm or corporation engaged in manufacturing, importing or assembling specialized medical supplies and equipment which markets in at least a portion of the United States through companies eligible for regular membership in the association. Policies governing the participation of Allied members shall be determined by majority vote of the Board of Directors. All Allied members must have and maintain a registered office in the United States and market products through specialty distributors and/or independent manufacturer representatives.

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



FIRM NAME _____

MAILING ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP+4 _____ COUNTRY _____

PHONE _____ 800 NUMBER _____ FAX _____ WEBSITE _____

Yes, please link to my website

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

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

FIRM'S PRINCIPALS – those persons who will be active with the Association:

Name	Title	Email
_____	_____	_____
_____	_____	_____

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

MAJOR PRODUCTS MANUFACTURED (TO BE LISTED IN DIRECTORY): _____

How did you learn of IMDA?

Current Member NAME _____

Prior Membership

Website

Please list distributors/ reps who currently represent your firm. (We use this information to gauge these companies' interest in joining IMDA. We will not disclose to any third parties the names of distributors or reps that represent your company.)

1. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

2. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

3. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

4. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____



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

ALLIED MEMBERSHIP APPLICATION manufacturer



5. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

6. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

7. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

8. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

9. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

10. COMPANY

CONTACT _____

TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

Annual Dues: \$2,500.00

Payment will be processed after application is approved by the Board.

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

 SIGNATURE OF FIRM'S DELEGATE

 DATE

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)

DO NOT WRITE IN THIS SECTION

RECEIVED	BOD
APPROVED	DB
WEB	NEWSLETTER

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.