



MEMBERSHIP APPLICATION

The nation's premier specialty medical sales, service and education companies.

414 Plaza Drive, Suite 209 ♦ Westmont, IL 60559

866-IMDA-YES (463-2937) ♦ Fax: 630-655-0391 ♦ 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, leasees, 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 hotlink to my website.

Primary Representative to IMDA:

Name _____ Spouse's Name _____

Title _____ Email _____

May we send you association materials by fax? Yes No

May we send you association materials by email? Yes No

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 _____

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) _____

Major Business Thrust (specialties to be listed in the Directory) _____

How did you learn of IMDA? Current Member Name _____
 Advertising Publication _____
 Prior Membership
 Website

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	\$1,200.00
<input type="checkbox"/> \$5-10 Million	\$1,700.00
<input type="checkbox"/> \$10-20 Million	\$2,200.00
<input type="checkbox"/> \$20-80 Million	\$2,700.00
<input type="checkbox"/> Over \$80 Million	\$5,200.00

Enclosed is my <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> 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 _____	Web _____
BOD _____	DB _____
Approved _____	
Newsletter _____	

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.)*

Company _____

Contact _____

Title _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Company _____

Contact _____

Title _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Company _____

Contact _____

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City/State/Zip _____

Phone _____

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