



# ALLIED 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 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.

**Allied Member Benefits:** The prime benefit of Allied membership is the opportunity to develop a close working relationship with specialty distributors/ reps that market within the industry. A special electronic manufacturers' newsletter is prepared each month. The Annual Conference is open to Allied members, providing a first-class educational and networking opportunity. Legal Counsel is available with more than 20 years of expertise in the medical device industry. Special discounts are offered to Allied members on conference exhibits and advertising. An experienced products liability insurance administrator is available to assist with insurance needs.

Firm Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip+4 \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ 800 Number \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Yes, please hotlink to my website

May we send you association materials by fax?  Yes  No

May we send you association materials by email?  Yes  No

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_

<p>Enclosed is my <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AmEx  <b>Payment must be in U.S. Dollars.</b></p> <p>Card # _____ Exp _____</p> <p>Name on Card (please print) _____</p> <p>Signature _____  <small>(signifies authorization to charge credit card account)</small></p>
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<b>DO NOT WRITE IN THIS SECTION</b>	
Received _____	Web _____
BOD _____	DB _____
Approved _____	
Newsletter _____	