

HIDA Membership Application

ELIGIBILITY: To be eligible for HIDA membership, your company must be a medical products distributor that has engaged in selling or renting equipment or supplies (manufactured by other companies) to the healthcare community.

MANUFACTURERS: Call 703-838-6116 or email Barthel@hida.org for information about becoming a HIDA Educational Foundation Associate

| 1. COMPANY INFO | RMATION (Please complete this section or attach a business | I | | npany's revenue is generate | d from the followin | g segments? | |
|--|--|----------------------------------|--|---|--|------------------------|--|
| COMPANY NAME | | Physician | % Ho | spital/Acute Care% | 6 Post-Acute Ca | re% | |
| | | Home Care_ | % Su | rgery Center% | Laboratory | % | |
| STREET ADDRESS | | Government_ | % Oth | ner% | - | | |
| CITY | STATE/PROVINCE POSTAL CODE CO | OUNTRY If "Other," pleas | se indicate your | market here: | | | |
| TELEPHONE COMPANY WEB SITE ADDRESS | | | | ductible for income tax purp be deductible as an ordinary | | | |
| | identify the individual who is the key decision-maker) | HIDA estimate the act. Theref | s that 9% of the fore, 9% of your | egislative lobbying are no long e dues payments for this year dues payments will not be de category from the list be | will be used for lobbeductible as a busine | bying as defined ir | |
| MAIN CONTACT | E-MAIL ADDRESS | DUES | CATEGORY | ANNUAL SALES | | ANNUAL DUES | |
| | | | 1 | <\$0 - \$500,000 | | \$902 | |
| TITLE | | | 2 | \$500,001 - \$1,000 | ,000 | \$1,263 | |
| | | | 3 | \$1,000,001 - \$3,00 | 00,000 | \$1,315 | |
| EMPLOYEE INFURMA | 「ION (Please identify top-level executives.) | | 4 | \$3,000,001 - \$7,50 | 00,000 | \$2,536 | |
| | | | 5 | \$7,500,001 - \$15,0 | 000,000 | \$4,297 | |
| NAME | COMPANY | | 6 | \$15,000,001 - \$25 | .000.000 | \$7,946 | |
| TITLE | E-MAIL ADDRESS | | 7 | \$25,000,001 - \$50 | | \$12,773 | |
| | | | 8 | \$50,000,001 - \$10 | 0,000,000 | \$16,359 | |
| NAME | COMPANY | | 9 | \$100,000,001 - \$9 | | \$16,359* | |
| TITLE | E-MAIL ADDRESS | | 10 | \$1,000,000,000 | | \$32,623** | |
| THE STATE OF THE S | E-MAIL ADDITESS | * 16 359 for the | first \$100M nlus \$ | 1,931 for every additional \$100 millio | on (revenues with partia | I \$100M are prorated) | |
| NAME | COMPANY | | | 2,306 for every additional \$1B (reven | | | |
| TITLE | E-MAIL ADDRESS | | | (from healthcare community to ded organizations) = \$ | for the most recent | fiscal year for ALL | |
| NAME | COMPANY | *Total annual confidential. | *Total annual revenue data must be provided. The information will be kept strictly confidential. | | | | |
| TITLE | E-MAIL ADDRESS | SIGNATURE OF AU | SIGNATURE OF AUTHORIZED COMPANY OFFICIAL TITLE | | | | |
| NAME | COMPANY | PRINTED NAME OF | AUTHORIZED COMP | PANY OFFICIAL DATE | | | |
| TITLE | E-MAIL ADDRESS | _{4 MFTH} | OD OF PA | YMFNT | | | |
| | | I | | ☐ Visa ☐ MasterCard | □ AMEX | | |
| OUR COMPANY HAS: | SALES REPS CUSTOMER SERVICE | | | | EXP. DATE | | |
| | (NUMBER) (NUMBER) | NAIVIE UN CARD | | | EAR. DATE | | |
| SUPPLIER DIVERSITY | CERTIFICATIONS HELD: | CARD NUMBER | | | SECURITY C | ODE | |
| | | SIGNATURE | | | | | |
| | | ☐ Enclosed is | s a check in U | .S. dollars, drawn on a U.S | . bank, made pay | able to HIDA. | |