HEALTH INDUSTRY DISTRIBUTORS ASSOCIATION

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 703-549-4432 for information about becoming a HIDA Educational Foundation Associate.

1. COMPANY INFORMATION (Please complete this section or attach a business card.)

COMPANY NAME

STREET ADDRESS

CITY STATE/PROVINCE POSTAL CODE COUNTRY

TELEPHONE FAX

COMPANY WEB SITE ADDRESS

MAIN CONTACT (Please identify the individual you wish to receive all HIDA mailings.)

MAIN CONTACT E-MAIL ADDRESS

TITLE

EMPLOYEE INFORMATION (Please identify the following top-level executives.)

PRESIDENT/CEO E-MAIL ADDRESS

OUR COMPANY HAS: _____ (NUMBER) SALES REPS _____ (NUMBER) CUSTOMER SERVICE REPS

SUPPLIER DIVERSITY CERTIFICATIONS HELD: _____

2. MARKETS

What percentage of your company's revenue is generated from the following segments?

Physician _____% **Hospital/Acute Care** _____% **Post-Acute Care** _____%

Home Care _____% **Surgery Center** _____% **Laboratory** _____%

Government_____% **Other**_____%

If "Other," please indicate your market here:_____

3. DUES

Payments to HIDA are not deductible for income tax purposes as charitable contributions. However, dues payments may be deductible as an ordinary business expense. Under the 1993 tax act, expenditures for federal legislative lobbying are no longer deductible as a business expense. HIDA estimates that 9% of the dues payments for this year will be used for lobbying as defined in the act. Therefore, 9% of your dues payments will not be deductible as a business expense. **Please select your dues category from the list below.**

DUES	CATEGORY	ANNUAL SALES	ANNUAL DUES
☐	1	< $500,000	$850
☐	2	$500,001 – $1,000,000	$1,190
☐	3	$1,000,001 – $3,000,000	$1,240
☐	4	$3,000,001 – $7,500,000	$2,390
☐	5	$7,500,001 – $15,000,000	$4,050
☐	6	$15,000,001 – $25,000,000	$7,490
☐	7	$25,000,001 – $50,000,000	$12,040
☐	8	$50,000,001 – $100,000,000	$15,420
☐	9	$100,000,001 – $999,999,999	$15,420+*
☐	10	> $1,000,000,000	$30,750+**

* $15,420 for the first $100M, plus $1,820 for every additional $100 million (revenues with partial $100M are prorated)
** $30,750 for the first $1B, plus $11,600 for every additional $1B (revenues with partial billion are prorated)

Total Annual Revenue* (from healthcare community for the most recent fiscal year for ALL locations, branches, and related organizations) = **$** _____

**Total annual revenue data must be provided. The information will be kept strictly confidential.*

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL TITLE

PRINTED NAME OF AUTHORIZED COMPANY OFFICIAL DATE

4. METHOD OF PAYMENT

☐ **Charge my credit card:** ☐ Visa ☐ MasterCard ☐ AMEX

NAME ON CARD EXP. DATE

CARD NUMBER SECURITY CODE

SIGNATURE

☐ **Enclosed is a check in U.S. dollars, drawn on a U.S. bank, made payable to HIDA.**

PLEASE RETURN YOUR APPLICATION TO: Callie Nigrelli, Senior Manager, Member Relations: **nigrelli@hida.org** *REV: 5/22*