

MEMBERSHIP APPLICATION

Membership application requires approval.

NAME

COMPANY & TITLE

ADDRESS

CITY

STATE

ZIP/POSTAL CODE

PHONE

ALTERNATE PHONE

FAX

E-MAIL

WEBSITE

Brief Job Description

Products Manufactured (Brief Description/List)

COMPANY PROFILE

Market Channel

- Med-Surg Distribution
- Direct Contract Mfr Reps
- Direct Sales Force
- Other:

Product Line

- Disposables
- Equipment
- Diagnostics
- Other:

Annual Revenue

- SMALL: \$1–\$20 million
- MID-SIZE: \$20–\$99 million
- LARGE: \$100 million+

Geography Served

- Global
- Domestic (U.S. Only)

PAYMENT INFORMATION

HMMC Membership is \$695 annually*

- Charge my credit: VISA MasterCard AMEX

NAME ON CARD

EXP DATE

CARD NUMBER

SEC CODE

SIGNATURE

- Check or money order – made payable to HMMC

Send payment to HMMC, 510 King St., Suite 200, Alexandria, VA 22314 or email application to HMMC@hida.org.

* Conference fees and sponsorships are paid separately.