

# SERVICE PARTNER MEMBER 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](mailto:HMMC@hida.org).

\* Conference fees and sponsorships are paid separately.