



Membership Application/ Renewal

manufacturer

113 Space Park North
Goodlettsville, TN 37072
615-859-2337
615-859-2997
imda@imda.org

To be eligible for membership as a 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 direct.

COMPANY INFORMATION

| | | |
|---|-------------|-----------|
| Firm Name: | | |
| Mailing Address: | | |
| City: | State: | ZIP Code: |
| Phone: | 800 Number: | Fax: |
| Website: | | |
| Company is a: Corporation Sub Chapter S Partnership Proprietorship Other: | | |

PRIMARY REPRESENTATIVE INFORMATION

| | | |
|----------------|---------|-----------|
| Name: | | |
| Spouse's Name: | | |
| Title: | | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |

ADDITIONAL REPRESENTATIVES: (THOSE PERSONS WHO WILL BE ACTIVE WITH THE ASSOCIATION)

| | | |
|-------|--------|--------|
| Name: | Title: | Email: |
| Name: | Title: | Email: |
| Name: | Title: | Email: |



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Continued

How did you learn about IMDA?

Current Member
Prior Membership
Website

MAJOR PRODUCTS MANUFACTURED (TO BE LISTED IN DIRECTORY):

| |
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| |
| |
| |
| |
| |

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.)

| | | |
|-----------------|-----------------|-----------------|
| Company: | Company: | Company: |
| Contact: | Contact: | Contact: |
| Title: | Title: | Title: |
| Address: | Address: | Address: |
| City/State/Zip: | City/State/Zip: | City/State/Zip: |
| Phone: | Phone: | Phone: |
| Email: | Email: | Email: |

| | | |
|-----------------|-----------------|-----------------|
| Company: | Company: | Company: |
| Contact: | Contact: | Contact: |
| Title: | Title: | Title: |
| Address: | Address: | Address: |
| City/State/Zip: | City/State/Zip: | City/State/Zip: |
| Phone: | Phone: | Phone: |
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Annual Dues: \$2,500.00
Payment will be processed
after application is approved
by the Board. Renewal's do
not require approval.

I certify that the information in this application is correct to my knowledge.

SIGNATURE OF FIRM'S DELEGATE _____

DATE _____

Payment Enclosed is my: Check Visa MC AmEx (Payment must be in U.S. Dollars)

| | |
|---------------|------------|
| Card# | Exp. |
| Name on Card: | Sec Code: |
| Zip Code: | Signature: |

IMDA's Federal ID Number: 23-2267209. Membership dues are not deductible as charitable contributions for federal income tax purposes. Dues may be deducted as a business expense to the extent allowed by law. Consult your tax advisor.