

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

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE _____

COMPANY WEB SITE ADDRESS _____

MAIN CONTACT (Please identify the individual who is the key decision-maker)

MAIN CONTACT _____ E-MAIL ADDRESS _____

TITLE _____

EMPLOYEE INFORMATION (Please identify top-level executives.)

NAME _____ COMPANY _____

TITLE _____ E-MAIL ADDRESS _____

NAME _____ COMPANY _____

TITLE _____ E-MAIL ADDRESS _____

NAME _____ COMPANY _____

TITLE _____ E-MAIL ADDRESS _____

NAME _____ COMPANY _____

TITLE _____ E-MAIL ADDRESS _____

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

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
<input type="checkbox"/>	1	< \$500,000	\$902
<input type="checkbox"/>	2	\$500,001 - 1,000,000	\$1,263
<input type="checkbox"/>	3	\$1,000,001 - 3,000,000	\$1,315
<input type="checkbox"/>	4	\$3,000,001 - 7,500,000	\$2,536
<input type="checkbox"/>	5	\$7,500,001 - \$15,000,000	\$4,297
<input type="checkbox"/>	6	\$15,000,001 - \$25,000,000	\$7,946
<input type="checkbox"/>	7	\$25,000,001 - \$50,000,000	\$12,773
<input type="checkbox"/>	8	\$50,000,001 - \$100,000,000	\$16,359
<input type="checkbox"/>	9	\$100,000,001 - \$999,999,999	\$16,359*
<input type="checkbox"/>	10	\$1,000,000,000	\$32,623**

* 16,359 for the first \$100M, plus \$1,931 for every additional \$100 million (revenues with partial \$100M are prorated)
 ** \$32,623 for the first \$1B, plus \$12,306 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.