

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 \$715 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.

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