



• Membership Application •

By applying for membership in the Medical Equipment Suppliers Association (MESA), I agree to abide by all policies, Bylaws and the Code of Ethics of the organization. Further, I permit MESA to send me e-mails, faxes and other communications with MESA- or industry-related news and information.

Company/Individual Contact Information (Fill in all areas that apply to you/your company. Incomplete applications will be rejected.):

Full Name (primary contact for corporate; policy holder for individual): _____

Company Name (required for corporate application): _____

Address (company address for corporate application; home for individual application): _____

Address 2: _____ City: _____ State: _____ Zip: _____ Fax: _____

Phone (company for corporate; home or cell for individual): _____ E-mail: _____
Required. MESA communicates entirely via e-mail.

Additional Contact Name (for corporate): _____ E-mail: _____
Required if 2nd company contact is listed.

Referred by: _____

Member Type:

- Regular Member—a provider of HME/DME to the patient
- Associate Member—a supplier of products, goods or services to providers of HME/DME

REQUIRED: Are you/is your company a member of any other HME/DME industry organization?
 Yes No
 If yes, which one? _____

Company Profile (if corporate application; please check all that apply):

- | | | | | |
|--------------------------------------|--|---|--|-----------------------------------|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Hospital-based | <input type="checkbox"/> National or Regional Chain | <input type="checkbox"/> Billing Service | <input type="checkbox"/> Software |
| <input type="checkbox"/> HME | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Rehab | <input type="checkbox"/> Ostomy | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Infusion | <input type="checkbox"/> Orthotics & Prosthetics | <input type="checkbox"/> Other: _____ | | |

Committee Interest (for corporate members, only):

- | | | | | |
|-------------------------------------|--|---|------------------------------------|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Reimbursement | <input type="checkbox"/> Legislative/Regulatory | <input type="checkbox"/> Education | <input type="checkbox"/> State/Medicaid |
|-------------------------------------|--|---|------------------------------------|---|

Dues Investment:

Membership becomes effective upon payment of annual dues (application is subject to approval*). Membership is renewable on the anniversary date of joining, and must be maintained in good standing to retain eligibility for member benefits..

Corporate Dues (for either Regular or Associate Members): \$250.00 per year **I**

NOTE: Contributions or gifts to MESA are not deductible as charitable donations for federal income tax purposes. However, dues payments may be deductible as an ordinary business expense (corporate). Under the 1993 Tax Act, expenditures for federal legislative lobbying are no longer deductible as a business expense. MESA estimates that 10% of the dues payments for the current year will be used for lobbying as defined by the Act; therefore, 10% of a corporation's dues payments will not be deductible. Individual dues are not deductible.

Dues Amount Paid: \$ _____ Payment Method (MESA accepts Checks, AmEx, MasterCard and VISA):

Check # _____ (Enclosed) Credit Card# _____ Exp. Date: _____ Security Code: _____

Cardholder Name: _____ Cardholder Signature: _____

NOTE: All payment fields (except check #) are required, if paying by credit card.

*MESA reserves the right to reject/refuse any application, with or without cause, and will refund dues, in full, to anyone not accepted.

Mail your completed application and payment to:

MESA / 509 S. Chickasaw Trail, #178 / Orlando, FL 32825

You can also apply on-line, at <http://www.mesaneet.org/Membership>. (The application is a secure form. Credit card payment is required on-line.)