



ASSOCIATE MEMBERSHIP APPLICATION

Please indicate the type of membership for which you are applying and your payment method.

Membership Type and Dues Rates:

____ Associate Members = \$795

____ Small Volume Associate Member* = \$295

* Independent consultants or companies with three or less employees.

Payment Method:

____ Check ____ AMEX ____ VISA ____ MasterCard

Account # _____

Expiration Date _____

Signature _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Website: _____

Primary Contact Person: _____

Title: _____

Email: _____

Is your company accredited? ____ yes ____ no If yes, by whom? _____

Is your company a member of a national industry association? ____ yes ____ no If yes, who? _____

Consent Agreement

The following consent information is a legal document that MUST be signed by the company/organization that OAMES is in a "business relationship" with, according to regulations from the Federal Communications Commission (FCC) regarding the Telephone Consumer Protect Act (TCPA).

Company/Organization for which consent is being provided: _____

Name of person authorized to provide such consent: _____

I understand that by providing the fax number(s) and e-mail address(es) above, on behalf of my company/organization specified above, I am authorized and hereby consent for the company/organization to receive faxes and e-mails sent by or on behalf of the Ohio Association of Medical Equipment Services.

Signature: _____ Date: _____

Payment of dues or other contributions to the Ohio Association of Medical Equipment Services are not tax deductible as charitable contributions for income tax purposes. They may be deductible as ordinary and necessary business expenses to the extent not allocated to lobbying expenses. OAMES estimates that the non-deductible portion of your dues is 20%. OAMES Federal ID# 31-1051331.

Please mail or fax application and payment information to OAMES:

Ohio Association of Medical Equipment Services
4700 Lakehurst Court, Suite 225
Dublin, OH 43016

(614) 876-2424 phone / (614) 467-2071 fax
www.oames.org