



Illinois Association for Medical equipment Services
1601 N. Bond St., Suite 303
Naperville, IL 60563
Phone: 630-369-7782 Fax: 630-369-3773

Membership Application

Primary Contact: _____
Title: _____
Company Name: _____
Street Address: _____
City: _____ County: _____
State: _____ ZIP: _____
Phone: _____ Fax: _____
Email: _____
Web Site: _____

Membership Fees

I hereby apply for membership in the Illinois Association for Medical Equipment Services.
(Submit/Attach complete contact information for each location.)

_____ HME Provider.....1 location.....\$475 per year
_____ HME Provider.....2-4 locations.....\$600 per year
_____ HME Provider.....5-9 locations.....\$725 per year
_____ HME Supplier.....(Associate Member)...\$275 per year

Providers deal directly with end user of products & services, and buy products from supplier companies.

Select one of the following that best describes your business.

- | | |
|---|--|
| <input type="checkbox"/> Consultant/Business Services | <input type="checkbox"/> Pharmacy/Drug Store |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> HME Provider | <input type="checkbox"/> Software |
| <input type="checkbox"/> Insurance | |

Payment Information: We accept checks or Visa/MasterCard.

Check Enclosed \$ _____ Check # _____
 Credit Card: \$ _____ Visa MasterCard
Account # _____ Expiration Date: _____
Name on card: (please print) _____
Signature: _____

Thank You!