



Illinois Association of Medical Equipment Services
1601 N. Bond Street, Suite 303
Naperville, IL 60563
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www.iames.org info@iames.org

Membership Application

Primary Contact: _____
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.....\$425 per year
- _____ HME Provider.....2-4 locations.....\$550 per year
- _____ HME Provider.....5-9 locations.....\$675 per year
- _____ HME Supplier.....(Associate Member)...\$200 per year

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

Payment Information: We accept checks or Visa/MasterCard.

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

IAMES represents home care providers in Illinois by enhancing members' knowledge of the HME industry through information, education, advocacy & networking.