

**New Member Application**

*Please complete both sides of this application.*

**Biomedical Organization Membership** is for local, state, national, or international organizations (nonprofit and tax-exempt) representing biomedical equipment technicians, clinical engineers, or related technical service personnel with an interest in medical instrumentation.

**1. Complete Organization Information**

Please type or print your organization's name as it should appear in the on-line Membership Directory:

Name of Organization or Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web site address \_\_\_\_\_

**Please indicate your organization's scope:**

- Local     State     Regional     National     International

**Please indicate the composition of your membership** (check all that apply):

- Biomedical equipment technicians     Clinical Engineers     Other technical service personnel (specify \_\_\_\_\_)  
 Medical Device Manufacturers     Independent Service Orgs/Personnel     Other (specify \_\_\_\_\_)

**2. Read about your Membership**

**Membership Dues:** \$100/Year

Your membership dues cover a 12 month period. A dues renewal notice will be mailed two months before your expiration date.

**Representatives**

Your membership dues allow up to three individuals to receive full membership benefits. *Use the reverse side of this form to list them.* One must be designated as a "Primary Representative" who will serve as the voting member.

**Mail Service**

For organizations outside the U.S., mail is sent via standard (ground) service. For international mail service, including Canada, add \$50 for each representative outside the U.S.

**3. Choose Payment Method**

- Please charge this credit card:  
 Visa     MasterCard     American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

- Check is enclosed made payable to AAMI. Checks must be in U.S. dollars and drawn on a U.S. bank.

- Please bill me. Membership services will start when payment is received.

*While contributions or gifts to AAMI are not tax deductible as charitable contributions for federal income tax purposes, they may be tax deductible under other provisions of the Internal Revenue Code.*

**5. Submit Application**

☎ Call 1-800-332-2264, ext. 214 (or 703-525-4890, ext. 214 outside the U.S.) to charge your membership by phone.

✉ Fax this application with credit card information to 703-525-1424.

✉ Mail this application along with your check or credit card information to: AAMI, PO Box 890694, Charlotte, NC 28289-0694.

🌐 Complete the on-line application at [www.aami.org/membership](http://www.aami.org/membership) and submit with credit card information.

**ASSOCIATION FOR THE ADVANCEMENT OF MEDICAL INSTRUMENTATION**

1110 N. Glebe Road, Suite 220, Arlington, VA 22201-4795 • Phone: 703-525-4890 • Fax: 703-525-1424 • [www.aami.org](http://www.aami.org)

# Membership Representatives

Please list your three membership representatives below. Your "primary representative" will serve as the main contact person for your membership.

## Primary (Voting) Member Representative

1. Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Company (*where you are employed*) \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Signature \_\_\_\_\_

The address above is for:  Home  Work  Biomedical Organization

## Additional Member Representatives

2. Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Company (*where you are employed*) \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
The address above is for:  Home  Work  Biomedical Organization

3. Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Company (*where you are employed*) \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Country \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
The address above is for:  Home  Work  Biomedical Organization

## Biomedical Organization Leadership Roster:

**Please attach a current roster of your organization's leadership. This information helps to ensure we maintain continuity of your membership during the next renewal period by providing alternate contacts.**