

NEW MEMBER APPLICATION CORPORATE MEMBERSHIP

Please complete application and corporate dues worksheet.

Corporate Membership is only for for-profit corporations or other businesses that manufacture, sell or service medical instrumentation or that have a business-related activity involving medical instrumentation.

1 Complete Corporate Address Information

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

Parent/Main Company Name _____

Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Main Phone _____ Main Fax _____ Web site Address _____

Please indicate your organization's primary business:

- | | |
|---|---|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Test House/Lab |
| <input type="checkbox"/> Reprocessor | <input type="checkbox"/> Consulting Firm/Consultant |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Shared Engineering Service Company |
| <input type="checkbox"/> Independent Service Organization | <input type="checkbox"/> Other (please specify _____) |

2 Corporate Dues Worksheet (Parts A & B)

Please complete the reverse side of this application.

3 Provide a Representative Roster

Representatives:

From the dues schedule on the reverse side, please determine the appropriate number of individuals to receive membership benefits. Your primary representative will serve as the main contact person for your membership. Please list that person below. Attach an additional sheet listing all other representatives including their full address, phone, fax and email.

Primary Rep _____

Title _____

E-mail _____

Address/Phone/Fax _____

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

4 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


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 (please complete both sides of this 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 **online** application at www.aami.org/membership and submit with credit card information.

1 Corporate Membership Dues Worksheet – Part A

Complete Corporate Information

Company Name _____
 Mailing Address _____
 City _____ State/Province _____ Zip/Postal Code _____ Country _____
 Main Phone _____ Fax _____ Web site Address _____

Complete Subsidiary Information

Please list all subsidiaries that you wish to receive some or all benefits of corporate membership. While you must include all subsidiaries that have medical sales in your calculation of Corporate Dues on Part B of this form, you need not list subsidiaries here that you do not contemplate receiving any benefits of AAMI membership. If there are more than three, please attach additional information.

Subsidiary Company Name _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Main Phone _____ Fax _____ Web site Address _____

Subsidiary Company Name _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Main Phone _____ Fax _____ Web site Address _____

Subsidiary Company Name _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Main Phone _____ Fax _____ Web site Address _____

2 Corporate Membership Dues Worksheet – Part B

Company Name _____

IMPORTANT CONFIDENTIALITY NOTICE:

AAMI requests that corporations report gross worldwide medical sales in the computation of annual dues. The AAMI auditors have expressed a concern that this data and a documented statement of sales and dues calculations is important to fully record and support the incoming renewal payment. Sales information is utilized only for dues collection purposes and is kept completely confidential. If you have questions or concerns regarding this request, please contact Susan DeCoursey at 800.332.2264, x232 or email sdecoursey@aami.org.

Calculate 2010 Dues Payment – (A) Enter gross worldwide medical sales for all companies AND subsidiaries, including device, pharmaceutical and biologics and any consulting sales and/or services to the device, hospital, and health care industry:

\$, , ,

(B) Refer to the schedule below and complete the dues formula: (Round to the nearest dollar)

Enter base dues rate from schedule [B]

Enter rate per thousand from schedule [C]

Enter \$ thousands in gross sales [A]

Enter base sales in \$ thousands from schedule [D]

2010 total dues payment amount

Formula: \$ _____ + [\$ _____ x (_____ - _____)] = \$ _____

Example: Gross worldwide medical sales: \$30,500,000 Formula: \$18,600 + [\$0.24 x (30,500 - 25,000)] = \$19,920

Additional Representatives: Add _____ Representatives @ \$130 each for a total of \$ _____

2010 Corporate Membership Dues Schedule

Gross Worldwide Medical Sales [A]	Base Dues Rate [B]	Rate per Thousand [C]	Base Sales in \$ thousands [D]	Total Representatives [E]
\$500,000 or less	\$1,000	None		5
Over \$500,000 to \$1 million	\$1,000 +	\$1.77 per \$ thousand sales over \$500,000	\$500	7
Over \$1 million to \$2 million	\$1,800 +	\$1.77 per \$ thousand sales over \$1 million	\$1,000	9
Over \$2 million to \$5 million	\$3,600 +	\$1.77 per \$ thousand sales over \$2 million	\$2,000	12
Over \$5 million to \$10 million	\$8,600 +	\$1.09 per \$ thousand sales over \$5 million	\$5,000	14
Over \$10 million to \$25 million	\$14,300 +	\$0.29 per \$ thousand sales over \$10 million	\$10,000	18
Over \$25 million to \$50 million	\$18,600 +	\$0.24 per \$ thousand sales over \$25 million	\$25,000	21
Over \$50 million to \$100 million	\$24,500 +	\$0.05 per \$ thousand sales over \$50 million	\$50,000	23
Over \$100 million to \$200 million	\$26,900 +	\$0.05 per \$ thousand sales over \$100 million	\$100,000	25
Over \$200 million to \$500 million	\$32,500 +	\$0.015 per \$ thousand sales over \$200 million	\$200,000	28
Over \$500 million to \$1 billion	\$37,200 +	\$0.0144 per \$ thousand sales over \$500 million	\$500,000	30
Over \$1 billion	\$44,600 +	\$0.0017 per \$ thousand sales over \$1 billion (subject to cap of \$67,800)	\$1,000,000	36 (additional reps \$130)

