



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.

■ ■ ■ 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: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Main Fax: _____

Website Address: _____

Please indicate your organization's primary business:

- Manufacturer
- Reprocessor
- Distributor
- Independent Service Organization
- Test House/Lab
- Consulting Firm/Consultant
- Shared Engineering Service Company
- Other (please specify) _____)

Approximately how many employees in your organization use standards? _____

Please select all your company's product area(s)? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> ObGyn/Gastroenterology |
| <input type="checkbox"/> Biocompatibility | <input type="checkbox"/> Ophthalmic |
| <input type="checkbox"/> Biologics | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Dental/ENT | <input type="checkbox"/> Protective Barriers |
| <input type="checkbox"/> General | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> General Plastic Surgery/
General Hospital | <input type="checkbox"/> Physical Medicine |
| <input type="checkbox"/> IVDs | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Materials | <input type="checkbox"/> Software/Informatics |
| <input type="checkbox"/> Nanotechnology | <input type="checkbox"/> Sterility |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Tissue Engineering |
| <input type="checkbox"/> Other (please specify) _____ | |

■ ■ ■ Corporate Dues Worksheet

Please also complete Parts A & B of this application.

■ ■ ■ Provide a Representative Roster

Representatives: From the dues schedule, 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: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____

Fax: _____



■ ■ ■ AAMI Products

Which of the following AAMI products, services, and benefits are you interested in? *Check all that apply.*

Publications & Online Opportunities

- AAMI News
- AAMI News Weekly
- Standards Monitor Online
- AAMI Discussion Groups (eForums)
- AAMI Website (www.aami.org)
- AAMI Horizons
- AAMI Biomedical Instrumentation & Technology (BI&T)
- Non-Standards Publications
- Standards Documents
- Career Advancement Opportunities (*job postings, resumes*)
- Online Consultants/Medical Technology Directory

Conferences/Meetings & Other Educational Opportunities

- Annual Conference & Expo
- Annual Conference to Exhibit Only
- AAMI Summits
- AAMI/FDA International Standards Conference
- ICC Certification (CBET, CRES, CLES)
- In-House Training Courses
- Quality Systems and Standards Courses
- Webinar/Distance Learning

Participation Opportunities

- AAMI Publications (*reviewing articles*)
- AAMI Publications (*writing articles*)
- Committee(s) Participation (*other than standards, TMC e.g., Awards Subcommittee, Editorial Board, etc.*)
- Mentor/Mentee Opportunities
- Networking Opportunities
- Safety Council Working Groups Participation
- Standards Development/Committee Participation
- Speaking at AAMI Events
- Technology Management/Committee Participation

Other (*please specify*) _____

■ ■ ■ Choose Payment Method

- Charge this to:
 - VISA
 - MasterCard
 - AMEX

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____

- Check is enclosed made payable to AAMI. (*Checks must be in U.S. funds drawn on a U.S. bank.*)

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

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.

■ ■ ■ Submit Your Application Form



Call 800-332-2264, ext. 1214 (or 703-525-4890, ext. 1214 outside the U.S.), to charge your membership by phone.



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



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

Thank you for joining AAMI!

■ ■ ■ Complete Corporate Information

Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Fax: _____

Website 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.

Subsidiary Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Fax: _____

Website Address: _____

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, x1232 or email sdecoursey@aami.org.

Calculate 2012 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]
2012 total dues payment amount

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

Example: Gross worldwide medical sales: \$30,500,000 **Formula:** \$19,775 + [\$0.25 x (30,500-25,000)] = \$21,150

Additional Representatives: Add _____ Representatives @ \$140 each for a total of \$ _____

2012 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]
New Company Start Up	\$500	None		3
\$500,000 or less	\$1,060	None		5
Over \$500,000 to \$1 million	\$1,060 +	\$1.87 per \$ thousand sales over \$500,000	\$500	7
Over \$1 million to \$2 million	\$1,910 +	\$1.87 per \$ thousand sales over \$1 million	\$1,000	9
Over \$2 million to \$5 million	\$3,810 +	\$1.87 per \$ thousand sales over \$2 million	\$2,000	12
Over \$5 million to \$10 million	\$9,115 +	\$1.15 per \$ thousand sales over \$5 million	\$5,000	14
Over \$10 million to \$25 million	\$15,140 +	\$0.31 per \$ thousand sales over \$10 million	\$10,000	18
Over \$25 million to \$50 million	\$19,775 +	\$0.25 per \$ thousand sales over \$25 million	\$25,000	21
Over \$50 million to \$100 million	\$25,950 +	\$0.06 per \$ thousand sales over \$50 million	\$50,000	23
Over \$100 million to \$200 million	\$28,530 +	\$0.06 per \$ thousand sales over \$100 million	\$100,000	25
Over \$200 million to \$500 million	\$34,500 +	\$0.016 per \$ thousand sales over \$200 million	\$200,000	28
Over \$500 million to \$1 billion	\$39,450 +	\$0.0153 per \$ thousand sales over \$500 million	\$500,000	30
Over \$1 billion	\$47,275 +	\$0.0018 per \$ thousand sales over \$1 billion	\$1,000,00	36
		(subject to cap of \$71,800)		(additional reps \$140)



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