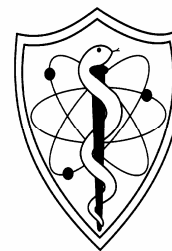


CALIFORNIA MEDICAL INSTRUMENTATION ASSOCIATION



Membership Application

LOS ANGELES
P.O. Box 8113
Mission Hills CA 91346

INLAND
9330 Jersey Blvd.
Rancho Cucamonga, CA 91730

BAY AREA
2425B Channing Wy, PMB 453
Berkeley CA 94704

CENTRAL COASTAL
P.O. Box 360
Camarillo CA 93010

CAPITOL REGION
607 Elmira Rd., PMB 235
Vacaville CA. 95687

CENTRAL VALLEY
1700 Coffee Rd. – Attn: Biomed
Modesto CA 95355

SAN DIEGO
P.O. Box 2265
Del Mar, CA 92014-1565

Date ___/___/___

Please check the **ONE** Chapter to the left that you wish to be a member of.

Mail completed application, with check to that address.

Type of Membership

Student.....\$15.00

Individual.....\$25.00

Corporate.....\$150.00

Statewide Corp...\$300.00

(See back for descriptions)

Renewal **New Member**

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____ - _____

Hospital / Company: _____

Work Address: _____

Dept. / Mail Stop: _____ Fax: () _____ - _____

City: _____ State: _____ Zip: _____ Telephone: () _____ - _____

E-Mail Address(s): _____

Bill to Address for invoicing: _____

Send CMIA mail to: Home Work

This information will be used for the CMIA membership directory.

Please **do not** include my name in the membership directory

See back for more information.

MAKE CHECKS PAYABLE TO: C.M.I.A.

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Visit us at
WWW.CMIA.ORG

Types of Membership:

Associate Member:

Available to individuals or students in the medical instrumentation field and to those who express an interest in medical instrumentation. (Non voting)

Annual Dues: \$15.00

Individual Member:

Available to individuals who are actively engaged in the manufacture, support, use, and/or maintenance of medical equipment. (One vote)

Annual Dues: \$25.00

Corporate Member*:

Available to corporations or other business organizations which manufacture medical instruments or other products or services used in conjunction with medical instrumentation. (One vote)

Annual Dues: \$150.00

Statewide Corporate Member*:

Same as Corporate, but belong to all chapters. Must declare a "home chapter." (One vote)

Annual Dues: \$300.00

***Charitable Contribution – Frank Yip Memorial Scholarship Fund:** In addition to one of the above memberships, add an additional one time donation of **\$50.00**.

List any degrees, courses, specific skills, licenses, certifications or other relevant organizational memberships:

List any training you would like to receive, or topics you would like to learn about:

List any special skill or certification you would like to be a source of reference of for our membership:

Signature of applicant: _____

Print full name as signed: _____ Date _____

For Membership Committee Only

Approved

Rejected

Date: ___/___/___

Dues _____

Renewal _____

(Signature- Newsletter Editor)

Acceptance

Letter

By Laws/Constitution

Add to Roster

Certificate

Pin

Card

(Signature - Vice President)

(Signature - Treasurer)