

HDMA ASSOCIATE MEMBERSHIP

APPLICATION INSTRUCTIONS

1. In order to expedite your application process, please complete each question on the application form.
2. The company profile will be included in the annual Business Partners Exchange materials and posted on our Web site. Please be aware that HDMA reserves the right to edit as necessary.
3. Make certain your application is signed by a senior company executive.
4. Please designate a **key contact** at your firm who will receive all HDMA publications and mailings.
5. The completed application should be returned to HDMA. Please keep a copy of the application for your records. A \$1000 application fee, a one-time charge, must accompany the completed application. Please make your check payable to HDMA, and mail application and payment to HDMA at the address listed below. Application processing may take up to 90 days.
6. You will be billed separately for dues after your application has been approved, pro-rated as applicable. Thereafter, dues are payable each year on January 1st.
7. If you need further information or assistance, please contact the HDMA Member Relations Department at (703) 787-0000.

Payments made to the Healthcare Distribution Management Association are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.



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Please print clearly or use a typewriter. Return the completed application to HDMA, and make a copy for your files.

General Information

Name of applicant company _____

If division or subsidiary, name of parent company _____

Please attach list with addresses of parent company or other divisions/subsidiaries.

PO Box _____ City _____ State _____ Zip code _____

Street address _____ City _____ State _____ Zip code _____

Telephone w/ area code: _____ Fax: _____

Homepage address: http:// _____ E-mail address _____

Date present business established _____

Company profile(35-200 words) _____

Officers/Executives/Contacts

Chairman: _____

E-mail: _____

President: _____

E-mail: _____

Please list additional contacts below:

Name: _____

Title: _____

E-mail: _____

Name: _____

Title: _____

E-mail: _____

Name: _____

Title: _____

E-mail: _____

Name: _____

Key Contact*

Name: _____

Title: _____

Address: _____

Email: _____

Telephone: _____

Fax: _____

*Key contact is the recipient of all HDMA publications and mailings.

If possible, please provide e-mail addresses for all individuals. This will ensure that the individuals receive a user name and password for use on the HDMA website:



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Why do you wish to become a member of HDMA? _____

List examples of principal products or services _____

Distribution Information

Please provide a list of facilities through which you distribute your finished goods:

Facility Name _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Contact _____
Title _____
Email _____

This facility is:

- Owned & operated by your company
- A third party logistics company
- Owned by your company but operated by a third party.
- Other

Facility Name _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Contact _____
Title _____
Email _____

This facility is:

- Owned & operated by your company
- A third party logistics company
- Owned by your company but operated by a third party.
- Other

Facility Name _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
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This facility is:

- Owned & operated by your company
- A third party logistics company
- Owned by your company but operated by a third party.
- Other

Please list additional facilities on a separate sheet of paper.



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Business Information

Are there any litigation or regulatory actions pending against the applicant by federal, state or local governmental agencies or authorities ____yes ____no (If yes, please attach separately, complete documentation of pending action)

Do you currently have product sales? ____yes ____no

What are your total sales to HDMA wholesalers for your most recent fiscal year (see attached calculation worksheet) \$_____ (millions)

Advertisements/Sponsorships

Would you like to receive information on advertisement and sponsorship opportunities? ____ yes ____ no

Mission of HDMA:

The mission of HDMA is to secure safe and effective distribution of health care products, create and exchange industry knowledge affecting the future of distribution management, and influence standards and business processes that produce efficient health care commerce.

I have read the above mission statement of the Healthcare Distribution Management Association and wish to promote those objectives.

Executive of Applicant Company: _____

Signature: _____

Title: _____ **Date:** _____



HDMA NEW MEMBER APPLICATION PAYMENT INFORMATION

A \$1000 application fee must accompany the completed application.
Please indicate the form of payment below.

Check MasterCard Visa American Express

Company name _____

Credit card number _____ Exp. Date _____

Cardholder name _____

Signature _____

Address _____

Application Fee: \$1000

Total to be charged: \$ _____

HDMA Office Use Only

- Company _____
- Co ID# _____
- Dues year _____

