



NEMEP Provider Membership Application

Please mail this form with payment, or fax to (919) 249-1394

NEMEP
PO Box 4411
Cary, NC 27519-4411

Date: _____

Company Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Main Contact Name: _____ Title: _____

Main Email: _____

Website: _____

Social Media usernames/URLs:

Facebook: _____

Twitter: _____

LinkedIn: _____

List any other employee email addresses that you would like to receive NEMEP's updates:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Help NEMEP Serve You Better!

I would like to join the following NEMEP Committee(s):

- Payer Relations Committee (*Rehab, Respiratory, Medical Supplies and Enteral*)
- Membership & Education Committee
- Legislative Committee

Equipment Types and Supplies

Home Medical Equipment:

- Aids for Daily Living
- Ambulatory Aids (Walkers, Canes, etc.)
- Bathroom Safety Items
- Commodes
- Hospital Beds and Accessories

Medical Supplies:

- Decubitus Products (Cushions, Low Air Loss, etc.)
- Diabetic Supplies
- Incontinence Products
- Lymphedema Pump and Sleeves
- Ostomy Supplies
- TENS Equipment

Nutritional Supplements:

- Enteral Products
- Parenteral Therapy

Prosthetics/Orthotics:

- Orthotic Devices

Rehab:

- Elevators and Lifts
- Manual Wheelchairs
- Power Wheelchairs
- Scooters
- Seat Lift Chairs
- Wheelchair Cushions or Custom Seating

Respiratory:

- Infusion Therapy
- Nebulizers
- Monitors (Apnea, Oximetry, etc.)
- Non-Invasive Ventilation & Supplies
- Portable Oxygen Systems
- Respiratory Drugs
- Stationary Oxygen Systems
- Suction Equipment & Supplies

Speech Generating Devices:

- Speech Generating Devices

Counties Served:

Please list the counties you serve:

I hereby certify that the above confidential disclosure is accurate:

Signature: _____

Membership Dues

NEMEP membership year is Jan. 1 – Dec. 31

Your membership is based on your national annual revenue. Choose you level below and indicate whether you are a new member or renewing member

Total Annual Revenue	Annual Dues
<input type="checkbox"/> \$0-499k	\$575.00
<input type="checkbox"/> \$500k-\$1 million	\$875.00
<input type="checkbox"/> \$1-\$3 million	\$1,150.00
<input type="checkbox"/> \$3-\$5 million	\$1,600.00
<input type="checkbox"/> \$5-\$10 million	\$2,125.00
<input type="checkbox"/> \$10 million - \$15 million	\$3,425.00
<input type="checkbox"/> Over \$15 million	\$5,525.00

NEW MEMBER DISCOUNT - First-time members join the first year for \$575.

Are you a new member?

Yes, I am a new member No, I am renewing my membership

Payment Method

I am paying by check

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
Credit Card #: _____	Expires: ____/____/____		
Name on Card: _____	Security Code: _____		
Mailing Address on Card: _____	Zip Code: _____		
Email Receipt To: _____	Amount: \$ _____		
Signature: _____	Date: ____/____/____		

Lobbying expenses are nondeductible for Federal income tax purposes and dues paid to Associations are nondeductible to the extent of the association's lobbying expenditures. This provision was contained in the Omnibus Budget Reconciliation Act of 1993.

The deduction of amounts paid to the Association as ordinary and necessary business expenses is subject to federal limitations imposed as a result of the Association's lobbying activities. It is estimated that 20% of the members' dues are nondeductible.

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Email info@northeastmep.org with any questions

Northeast Medical Equipment Providers Association
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(919) 387-1221 | www.northeastmep.org | beth@northeastmep.org