



PO Box 4411 Cary, NC 27519-4411, Direct Dial: 919-387-1221; NY Phone: 518-436-9637, Fax: 919-249-1394

2019 NEMEP New Provider Membership Application

Company Name _____

Contact Name _____ Title _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

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 & 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 Wound Care Supplies

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 Monitors (Apnea, Oximetry, etc.) Nebulizers 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: _____

Please complete this form and mail, scan/email, or fax to the new organization, NEMEP (Northeast Medical Equipment Providers).

MEMBERSHIP DUES

Total Annual Sales	2019 Dues	Amount Paid
<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"/> Over \$10 million	\$3,425.00	
Total Payment: Quarterly Payment Plan is Available		

I hereby certify that the above confidential disclosure is accurate:

Signature: _____

NEMEP will be publishing a 2019 membership listing on our website which will include: Company name, prime contact person, company address, telephone, fax, email address and website. **Please indicate if you do NOT want your company's profile added:**

___ I Do NOT want my company's profile added to the 2019 membership listing on the NEMEP website.

PAYMENT METHOD

Check enclosed made payable to NEMEP. Charge my VISA, MasterCard, or American Express.

Credit Card Number _____ Amount Charged _____

Expiration Date _____ Security Code (3 digit code on back of card) _____

Signature of Card Holder _____

Billing Address for Credit Card:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

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 16% of the members' dues for 2019 are nondeductible.

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

Name _____ Email Address _____

Name _____ Email Address _____

Name _____ Email Address _____

OR email request to: Beth@NorthEastMEP.org