



NEMEP Sponsor Membership Application

Please fax to (919) 249-1394, Email to info@northeastmep.org, or mail this form with payment to:

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: _____

Company Products/Services Offered:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Accreditation Service | <input type="checkbox"/> Billing Services | <input type="checkbox"/> Buying Group | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Document Management | <input type="checkbox"/> Distributors | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Nutritional Foods | <input type="checkbox"/> Orthotics | <input type="checkbox"/> Prosthetics |
| <input type="checkbox"/> Rehab Products | <input type="checkbox"/> Respiratory Products | <input type="checkbox"/> Technology | <input type="checkbox"/> Software |

Other: _____

Membership Dues

NEMEP membership year is Jan. 1 – Dec. 31

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

Sponsor Level <i>Includes membership and ONE booth</i>	Annual Dues
<input type="checkbox"/> Gold Level <ul style="list-style-type: none"> • Includes choice of ONE meeting sponsorship (\$500 - \$1500 Value) 	\$5,250
<input type="checkbox"/> Silver Level	\$3,150
<input type="checkbox"/> Bronze Level	\$2,100
<input type="checkbox"/> Associate Member Only <ul style="list-style-type: none"> • Sponsorships and booth not included 	\$1,025

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.

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

NEMEP
PO Box 4411
Cary, NC 27519-4411

Email info@northeastmep.org with any questions

Northeast Medical Equipment Providers Association
PO Box 4411, Cary, NC 27519-4411
(919) 387-1221 | www.northeastmep.org | beth@northeastmep.org

