

# Membership Information

## CATEGORIES OF MEMBERSHIP

CAMPS membership is based on annual gross sales. We will continue to categorize our members into sections based on the service your business provides. The membership sections will allow CAMPS to identify members most affected by specific issues. Each section gives its members the opportunity to share in section specific activities including development of specialized surveys, recommendation of new Association policy, input on legislative and regulatory issues, and networking with others in that area of expertise.

## MEMBERSHIP CLASSIFICATION

**Regular:** A sole proprietorship, partnership, firm, or corporation currently engaged in the retail/wholesale, rental or distribution of any type of medical equipment, products, services, or supplies for home use in the care and treatment of patients. A regular member shall have full voting rights.

**Associate:** A person, partnership, firm, or corporation otherwise qualified for regular membership that engages, through manufacturing, wholesale, or otherwise, in a business that supports or enhances a regular member's health care business.

## DUES PAYMENT

Payments to CAMPS are not deductible as charitable contributions for federal income tax purposes. However, such payments may be deductible under other provisions of the Internal Revenue Code. In addition, a portion of your dues is not deductible as a business expense due to the association's lobbying activity. The nondeductible portion is 24 percent.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

## Address Information

Site Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(If different from above, i.e., corporate office)

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

## Mailing

Address: \_\_\_\_\_

(If different from site address)

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Categories of Services** - Please mark all services supplied by your business. The Categories you mark do not affect the amount of dues your company will pay.

- Rehab & DME       Medical Supplies  
 Respiratory       Clinical & Infusion Therapy

For further information, call the CAMPS Central Office at 916-443-2115.

## Schedule of Dues Payments January 1 through December 31

CATEGORIES OF MEMBERSHIP					
Annual Gross Sales	\$0 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$10,000,000	\$10,000,000 and Above	Associate
<b>Annual Dues</b> Due January 1, 2004	\$550 \$55/branch*	\$850 \$55/branch*	\$1,150 \$55/branch*	\$1,500 \$55/branch*	\$600

\*Total annual dues does not exceed \$3,000.00

**We wish to be billed:**       Quarterly  
 (5% early pay discount does not apply to members paying on a semiannual or quarterly basis.)

## Payment Method:

Please charge \$ \_\_\_\_\_ to my:     Mastercard       Visa

Card Number: \_\_\_\_\_ Exp: \_\_\_/\_\_\_/\_\_\_ 3-digit Verification No.(on back of card): \_\_\_\_\_

Name Printed on Card: \_\_\_\_\_ Signature: \_\_\_\_\_