California Association of Medical Product Suppliers Membership Application

General Information

Company: _____

Contact Person: _____

Address: _____

City/St/Zip: _____

Telephone: _____

FAX: _____

E-mail: _____ WebSite: _____

Please select type of business:

____ sole proprietor ____ partnership ____ distributor
____ regional chain ____ national chain ____ pharmacy
____ hospital based ____ nursing home ____ HMO
other:_____

Rate your company's top revenue producers in numerical order:

_____ DME _____ oxygen _____ PEN
_____ disposable _____ rehabilitation
other:_____
Business volume: $ _____

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. Dues are based on annual gross sales amount.

Associate: A person, partnership, firm or corporation not 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 Classification *(confidential)*

Gross Sales	Dues Amount
❑ $0 - $1,000,000	$ 695 + $55/branch
❑ $1,000,001 - $5,000,000	$1,095 + $55/branch
❑ $5,000,001 - $10,000,000	$1,495 + $55/branch
❑ $10,000,000 and Above	$1,995 + $55/branch
❑ Associates/Manufacturer	$900

Billing & Payment Information

Dues Classification *(as indicated to left)* = $_____
(Total dues for any one company and its branches cannot exceed $5,000.)
Branch Dues *(for addn'l branches, does not apply to first location)*:
# of branches _____ x $55.00 each = $_____

TOTAL AMOUNT DUE **= $_____**

❑ Check enclosed
❑ Bill my: MasterCard Visa American Express

Card Number Exp. Date

Name printed on card CVS No.

Signature

Billing Options:

If you wish to pay on a quarterly or semiannual basis, please indicate so below and submit your f rst installment payment with this form.

❑ Quarterly ❑ Semi-Annually

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 because of the association's lobbying activity. The nondeductible portion is 24%.

Certification

By the signature affixed below, I hereby certify that the information submitted in this application is true, complete and correct to the best of my knowledge and belief. I acknowledge that I have read and understood the CAMPS Code of Ethics and agree to conduct my business in accordance with its principles. I also understand that my membership in CAMPS may be terminated for failure to comply with the principles enumerated in the Code of Ethics.

Authorized Signature Date

Please complete this form and submit with payment to:

CAMPS, One Capitol Mall, Suite 800 *Tel: 916-443-2115*
Sacramento, CA 95814 *Fax: 916-444-7462*

Annual dues of new members shall be prorated from the first day of the calendar quarter in which such a member is accepted for membership and this credit shall be applied to the following year's dues. Future annual dues shall be payable in advance on the first day of each calendar.

Questions about your application?
Please call us at (916) 443-2115.