



# 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           |
|---|-----------------------|
| <input type="checkbox"/> \$0 - \$1,000,000          | \$ 550 + \$55/branch  |
| <input type="checkbox"/> \$1,000,001 - \$5,000,000  | \$ 850 + \$55/branch  |
| <input type="checkbox"/> \$5,000,001 - \$10,000,000 | \$1,150 + \$55/branch |
| <input type="checkbox"/> \$10,000,000 and Above     | \$1,500 + \$55/branch |
| <input type="checkbox"/> Associates/Manufacturer    | \$900                 |

## Billing & Payment Information

Dues Classification (*as indicated to left*) = \$ \_\_\_\_\_  
 (Total dues for any one company and its branches cannot exceed \$3,000.)  
 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 first 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 non-deductible 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 320                      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.