



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 - \$5,000,000	\$ 750.00
<input type="checkbox"/> \$5,000,001 - \$10,000,000	\$ 4,500.00
<input type="checkbox"/> \$10,000,001 and Above	\$ 6,000.00

Billing & Payment Information

Dues Classification (*as indicated to left*) = \$ _____

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 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.