



5810 Highbury Street
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2015 MEMBERSHIP APPLICATION AND/OR RENEWAL

INVOICE

The Home Medical Equipment Dealers Association of BC (HMEDA) includes interested companies involved in the Home Medical Equipment industry in BC. Our mission is to benefit clients and health care providers by developing a spirit of cooperation and increased professionalism among Home Medical Equipment providers in British Columbia.

There are two categories of membership: Dealer Membership and Associate Membership.

Dealer Membership: Open to any business involved in or having an interest in Home Care and Home Medical Equipment sales and service in B.C. Incorporated and non incorporated businesses may become members. An applicant wishing to attain membership shall have a significant portion of the business focused on retail merchandising of home medical equipment.

Associate Membership may be granted to a company that is not a dealer but is involved in the Home Medical Equipment field. Associate members include manufacturers, manufacturer’s agents and suppliers, who will not have general member voting privileges but will be invited to all meetings and receive all mailings.

All Applicants must agree to comply with HMEDA’s mission and bylaws. Applicants must subscribe to HMEDA’s code of ethics (available for review on HMEDA’s website www.hmeda.com under About Us / Why HMEDA?).

Membership Fees for 2015:

| | |
|---|-----------------------|
| How many locations need to pay? (Max = 3) _____ | X \$450.00 = \$ _____ |
| or Associate Member (Manufacturer/Distributor) | \$450 \$ _____ |
| +GST | 5% GST = \$ _____ |
| Total HMEDA membership fee | \$ _____ |

Make cheques payable to **Home Medical Equipment Dealers Association of BC** and forward to **5810 Highbury Street, Vancouver, BC. V6N 1Z1**. HMEDA does not accept payment by credit card. Deadline for membership dues is February 15.

Please complete and return this page with your payment

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

Website: _____

I am a signing officer for this company. I hereby declare that I understand and agree to abide by the HMEDA Bylaws and Code of Ethics.

2nd Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

3rd Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

4th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

5th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

6th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

7th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

8th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

9th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

10th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

11th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____

12th Location

Business Name: _____

Contact Name: _____

Do you rent equipment from this location? Yes _____ No _____

Address: _____

_____ Postal Code _____

Phone: _____ E-mail: _____