



5810 Highbury Street  
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**2017 MEMBERSHIP APPLICATION AND/OR RENEWAL**

**INVOICE**

Business # 869890640 RT0001

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](http://www.hmeda.com) under About Us / Why HMEDA?).**

**Membership Fees:**

How many locations need to pay? (Max = 3)	_____	X \$450.00 =	\$ _____
or Associate Member (Manufacturer/Distributor)		\$450.00 =	\$ _____
Fees received @ HMEDA after March 31 – admin charge		\$50.00 =	\$ _____
+GST		5% GST =	\$ _____
<b>Total HMEDA membership fee</b>			<b>\$ _____</b>

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 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.

**2<sup>nd</sup> Location**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Do you rent equipment from this location? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_ Postal Code \_\_\_\_\_

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

**3<sup>rd</sup> Location**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Do you rent equipment from this location? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_ Postal Code \_\_\_\_\_

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

**4<sup>th</sup> Location**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Do you rent equipment from this location? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_ Postal Code \_\_\_\_\_

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

**5<sup>th</sup> Location**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Do you rent equipment from this location? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_ Postal Code \_\_\_\_\_

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