

HIDA Membership Application

ELIGIBILITY: To be eligible for HIDA membership, your company must be a medical products distributor that has engaged in selling or renting equipment or supplies (manufactured by other companies) to the healthcare community for a minimum of one year.

MANUFACTURERS: Call (703) 549-4432 for information about becoming a HIDA Educational Foundation Associate.

1. COMPANY INFORMATION (Please complete this section or attach a business card.)

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE _____ FAX _____

COMPANY WEB SITE ADDRESS _____

MAIN CONTACT (Please identify the individual you wish to receive all HIDA mailings)

MAIN CONTACT _____ E-MAIL ADDRESS _____

EMPLOYEE INFORMATION (Please identify the following top-level executives)

PRESIDENT/CEO _____ E-MAIL ADDRESS _____

SALES EXECUTIVE _____ E-MAIL ADDRESS _____

MARKETING EXECUTIVE _____ E-MAIL ADDRESS _____

ADDITIONAL STAFF - Please attach a roster with name/title/email for any other employee(s) that should receive HIDA communications and/or materials.

OUR COMPANY HAS: _____ SALES REPS _____ CUSTOMER SERVICE REPS
(NUMBER) (NUMBER)

OUR COMPANY IS: (select all that apply)

PUBLICLY TRADED PRIVATELY HELD MINORITY OWNED

2. MARKETS

What percentage of your company's revenue is generated from the following segments?

PHYSICIAN _____% HOSPITAL/ACUTE CARE _____% LONG TERM CARE _____%
HOME CARE _____% SURGERY CENTER _____% LABORATORY _____% OTHER _____%

5. PRODUCT SPECIALTIES (Please select no more than six product specialties)

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> ANS Anesthesia | <input type="checkbox"/> EQR Equipment Rental | <input type="checkbox"/> INC Incontinence | <input type="checkbox"/> ORT Orthopedics | <input type="checkbox"/> RES Respiratory |
| <input type="checkbox"/> ART Arthroscopy | <input type="checkbox"/> EXP Export | <input type="checkbox"/> IND Industrial | <input type="checkbox"/> OST Ostomy | <input type="checkbox"/> RS Repair Service |
| <input type="checkbox"/> BB Blood Bank | <input type="checkbox"/> FA First Aid | <input type="checkbox"/> IS Information Systems | <input type="checkbox"/> OTH Other | <input type="checkbox"/> SM Sports Medicine |
| <input type="checkbox"/> CAR Cardiology | <input type="checkbox"/> FSD Full Service Distribution | <input type="checkbox"/> IT Infusion Therapy | <input type="checkbox"/> PED Pediatrics | <input type="checkbox"/> STK Stockless |
| <input type="checkbox"/> CAV Cardiovascular | <input type="checkbox"/> GAS Gastroenterology | <input type="checkbox"/> JIT Just-in-Time | <input type="checkbox"/> PHA Pharmacy | <input type="checkbox"/> SUR Surgery |
| <input type="checkbox"/> DIA Dialysis | <input type="checkbox"/> GYN Gynecological | <input type="checkbox"/> KIT Kit Packaging | <input type="checkbox"/> PM Practice Management | <input type="checkbox"/> TPB Third Party Billing |
| <input type="checkbox"/> DME Durable Medical Equip. | <input type="checkbox"/> HHS Home Health Services | <input type="checkbox"/> LAB Laboratory | <input type="checkbox"/> POD Podiatry | <input type="checkbox"/> UE Used Equipment |
| <input type="checkbox"/> DNT Dental | <input type="checkbox"/> HKP Housekeeping | <input type="checkbox"/> LAP Laparoscopic | <input type="checkbox"/> PS Plastic Surgery | <input type="checkbox"/> URO Urology |
| <input type="checkbox"/> EMR Emergency | <input type="checkbox"/> HME Home Medical Equip. | <input type="checkbox"/> LIS Lab Info. Systems | <input type="checkbox"/> PT Physical Therapy | <input type="checkbox"/> WM Waste Management |
| <input type="checkbox"/> END Endoscopic | <input type="checkbox"/> IMG Imaging | <input type="checkbox"/> LM Lab Management | <input type="checkbox"/> RAD Radiology | <input type="checkbox"/> WOU Wound Therapy |
| <input type="checkbox"/> ENT Enteral | <input type="checkbox"/> IMM Immunization | <input type="checkbox"/> O&P Orthotics & Prosthetics | <input type="checkbox"/> REH Rehabilitation | |

3. DUES

Payments to HIDA are not deductible for income tax purposes as charitable contributions. However, dues payments may be deductible as an ordinary business expense. Under the 1993 tax act, expenditures for federal legislative lobbying are no longer deductible as a business expense. HIDA estimates that 25% of the dues payments for this year will be used for lobbying as defined in the act. Therefore, 25% of your dues payments will not be deductible as a business expense. **Please select your dues category from the list below.**

DUES CATEGORY ANNUAL SALES ANNUAL DUES

- | | | |
|---|-------------------------------|------------|
| <input type="checkbox"/> 1. | < \$500,000 | \$703 |
| <input type="checkbox"/> 2. | \$500,001 – \$1,000,000 | \$984 |
| <input type="checkbox"/> 3. | \$1,000,001 – \$3,000,000 | \$1,464 |
| <input type="checkbox"/> 4. | \$3,000,001 – \$7,500,000 | \$1,983 |
| <input type="checkbox"/> 5. | \$7,500,001 – \$15,000,000 | \$3,350 |
| <input type="checkbox"/> 6. | \$15,000,001 – \$25,000,000 | \$6,213 |
| <input type="checkbox"/> 7. | \$25,000,001 – \$50,000,000 | \$9,982 |
| <input type="checkbox"/> 8. | \$50,000,001 – \$100,000,000 | \$12,785 |
| <input type="checkbox"/> 9. | \$100,000,000 – \$999,999,999 | \$12,784* |
| <input type="checkbox"/> 10. | > \$1,000,000,000 | \$25,504** |
| <input type="checkbox"/> Industry Staff | | \$963 |

**\$12,784 for first 100M, plus \$1,534 for each additional \$100M (revenues with partial \$100M are prorated).

**\$25,504 for first \$1 billion, plus \$9,755 for each additional \$1 billion (revenues with partial billion are prorated).

Total Annual Revenue* (from healthcare community for the most recent fiscal year for ALL locations, branches, and related organizations) = \$ _____

*Total annual revenue data must be provided. The information will be kept strictly confidential.

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL _____ TITLE _____

PRINTED NAME OF AUTHORIZED COMPANY OFFICIAL _____ DATE _____

4. METHOD OF PAYMENT

Charge my credit card: Visa MasterCard AMEX

NAME ON CARD _____ EXP. DATE _____

CARD NUMBER _____ SECURITY CODE _____

SIGNATURE _____

Enclosed is a check in U.S. dollars, drawn on a U.S. bank, made payable to HIDA.

REV: 12/11



HEALTH INDUSTRY DISTRIBUTORS ASSOCIATION

RETURN TO:

310 Montgomery Street • Alexandria, VA 22314-1516

Phone: (703) 549-4432 • Fax: (703) 549-6495 • www.HIDA.org

DISTRIBUTION
STREAMLINING HEALTHCARE™

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