

# Membership Application >>

NAME:  TITLE:  COMPANY:

ADDRESS:  CITY:  STATE:  ZIP:

ADMIN ASST:  PHONE:  FAX:  EMAIL:

WEB SITE:  PRODUCTS MFR'D (BRIEF):

BRIEF JOB DESCRIPTION:

## COMPANY PROFILE:

MODE(S) OF DISTRIBUTION:  DISTRIBUTORS  MFRS/REPS  SALES FORCE  OTHER:

PRODUCT LINES:  SUPPLIES  MED/SURG DEVICES  DISPOSABLES  DIAGNOSTICS  EQUIPMENT  OTHER:

DOLLAR VOLUME:  SMALL: \$1-20 MILLION  MID-SIZE: \$20-99 MILLION  LARGE: \$100 MILLION+

MARKETS SERVED:  U.S. AND ABROAD  U.S. ONLY

## PAYMENT INFORMATION:

HMMC MEMBERSHIP IS \$599 ANNUALLY; ALL CONFERENCE FEES ARE PAID SEPARATELY

CHECK OR MONEY ORDER ENCLOSED (PAYABLE TO HMMC)  CHARGE MY CREDIT CARD

HOW DID YOU HEAR OF HMMC?

CARD #

EXPIRATION:

  

NAME ON CARD:

UPON RECEIPT OF YOUR COMPLETED PROFILE, A BOARD MEMBER WILL BE IN CONTACT WITH YOU. PLEASE MAIL YOUR COMPLETED PROFILE TO:

Check here if you want automatic renewal each year

**MADLINE SANDY**  
HMMC EXECUTIVE ADMINISTRATOR  
1 REBECCA LANE  
SAVANNAH, GA 31411  
PHONE: 912-598-1607  
FAX: 912-598-7844

