



Membership Application

Please return this form with your check for one year's dues to:

Medical Alert Monitoring Association

350 Neptune Avenue

Sheepshead Bay, NY 11235

www.MedicalAlertMonitoringAssociation.com

CONTACT INFORMATION

Company Name _____

Address _____ Suite/Unit _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Year company established _____ President/CEO _____

Parent Company (if any) _____

Primary Contact* _____ Title _____

Phone _____ Fax _____

E-mail _____

Secondary Contact (if any) _____ Title _____

Phone _____ Fax _____

E-mail _____

* This individual will serve as the main representative for your company, ensuring that MAMA information is passed on to the appropriate person(s) and keeping MAMA apprised of any address and staff changes within your organization.

MEMBERSHIP INFORMATION

Please choose the MAMA eligibility category in which you are applying for membership.

- Regular Membership** (annual dues \$2,000.00)
Available to any individual or business entity providing medical alert or telehealth systems to customers and/or providing monitoring services for such systems.
 Medical Alert Systems Provider Monitoring Services (Wholesale) Other _____
- Associate Membership** (annual dues \$2,000.00)
Available to any individual or business entity which does not otherwise qualify as a Regular Member but which markets systems, equipment or other services to Regular Members.
- Affiliate Membership** (no annual dues)
Available to any individual, governmental agency or nonprofit organization which would not otherwise qualify for membership but has the capability of contributing significant value or expertise to the medical alert or telehealth industry.

Dues apply to the calendar year. MAMA dues are not tax deductible as charitable contributions. However, they may be tax deductible as necessary and ordinary business expenses.

STATEMENT BY APPLICANT

By completing and submitting this application, I hereby authorize Medical Alert Monitoring Association to send me pertinent documents and association and industry information to the contact representative listed on this application.

I hereby certify that the information stated above is true and correct to the best of my knowledge. I acknowledge that false information can result in the denial of this membership application. If our membership application is approved, we agree to adhere to the Medical Alert Monitoring Association bylaws.

Signed _____ Title _____ Date _____

For more information or specific questions regarding your application, please contact: Daniel Oppenheim, MAMA's Treasurer at 212.840.5135 or Blaine Comeaux, MAMA's Secretary at 337.291.3355.