



Membership Application

Please scan and email this form to: membership@MAMAMail.org
Medical Alert Monitoring Association
2 Stahuber Avenue
Union, NJ 07083
866.388.8618

CONTACT INFORMATION

Company Name _____

Address _____ Suite/Unit _____

City _____ State _____ Zip _____

Phone _____ Website _____

Year company established _____ President/CEO _____

Parent Company (if any) _____

Primary Contact* _____ Title _____

Phone _____ E-mail _____

Secondary Contact (if any) _____ Title _____

Phone _____ 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 \$2,500.00)
Available to any individual or business entity providing medical alert or telehealth systems to customers and/or providing monitoring services for such systems.
- Associate Membership** (annual dues \$3,500.00)
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.

Dues apply July 1 to June 30.
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:
Laura Aiello at 866.388.8618