

PAMES

Pacific Association for Medical Equipment Services

425 3rd ST SW
Jamestown, ND 58401
701-952-8180
PAMES@daktel.com

MEMBERSHIP APPLICATION FORM

Company Name: _____
Contact Person: _____ **Title:** _____
Physical Address: _____ **City, State, Zip:** _____
Phone, Fax, Email: _____

Number of Locations: _____ List of Cities: _____
Number of Employees: _____

Business Type: Independent Hospital Based Home Health/Hospice Pharmacy Chain

Product Lines: (check all that apply)

CPAP Diabetic Supplies Diabetic Shoes DME Incontinence
 IVPEN Mastectomy Oxygen Orthotics Pharmacy
 PMD Rehab Retail TENS/EMD Other _____

Are you a member of: AA Homecare VGM

Who invited you to join PAMES? _____

Would you be willing to serve on a committee? Membership Legislative Education

Add the following staff members to the listserv:

First Name	Last Name	Address	City, State Zip	Email
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The PAMES Association for Medical Equipment Services (PAMES) is committed to the provision of home medical equipment services in an ethical manner.

Membership is determined on an annual basis running from January 1st through December 31st. **It is due by March 31st of each year.** Dues are determined as follows:

- Company with 1-4 Locations** \$400.00
- Company with 5 or more Locations** \$750.00
- Vendors/Manufacturer's/Associate** \$400.00

To pay by Credit Card:

Card #: _____ Exp: _____ Sec. Code: _____ Amount Authorized: _____

To pay by Check: Make payable to PAMES Association. Mail to: 425 3rd ST SW Jamestown, ND 58401