



PAMES MEMBERSHIP APPLICATION

Pacific Association for Medical Equipment Services, 425 3rd ST SW, Jamestown, ND 58401
PH: 701-320-8656 pames@daktel.com Tax ID 810482367

COMPANY INFORMATION

Please complete all information below and return with payment:

Company: _____ Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Website: _____
 Owner, CEO, GM: _____ Title: _____ Email: _____
 Primary Contact: _____ Title: _____ Email: _____
 Secondary Contact: _____ Title: _____
 Number of Locations: _____ List of Cities: _____

Type of Business	Accreditation	National Associations
_____ Independent	_____ ACHC	_____ AAHC
_____ Hospital Based	_____ CHAP	_____ AARC
_____ Pharmacy	_____ Compliance Team	_____ NCART
_____ National	_____ HQAA	_____ RESNA
_____ Other	_____ Joint Commission	_____ VGM
	_____ Other	_____ Other

_____ DME _____ Resp. _____ Pharm/Infus. _____ Med Supplies _____ Comp. Rehab _____ O&P
 _____ Post Mast. _____ Diab. Supplies _____ Diab. Shoes _____ Retail _____ Other

ANNUAL MEMBERSHIP FOR PAMES IS DETERMINED BY NUMBER OF LOCATIONS YOU HAVE.

_____ Company with 1-4 Locations	\$400.00	_____ Company with 5 or more Locations	\$750.00
_____ New Category for those who are new to PAMES	\$200.00	_____ 1-year Trial Membership	

To Pay by CC: _____ Exp: _____ CVV: _____ Zip: _____

Amount Authorized: _____ Signature: _____

Email or mail the completed form with payment, An invoice will be sent to you showing your authorized payment.

To pay by check: Complete the form, Make a copy for your records, and mail this form with payment to:
PAMES 425 3rd ST SW Jamestown, ND 58401

Thank You for Being a PAMES Member!