



## PAMES MEMBERSHIP APPLICATION

Pacific Association for Medical Equipment Services, 425 3<sup>rd</sup> 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:** \_\_\_\_\_

<b>Type of Business</b>	<b>Accreditation</b>	<b>National Associations</b>
<input type="checkbox"/> Independent	<input type="checkbox"/> ACHC	<input type="checkbox"/> AAHC
<input type="checkbox"/> Hospital Based	<input type="checkbox"/> CHAP	<input type="checkbox"/> AARC
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Compliance Team	<input type="checkbox"/> NCART
<input type="checkbox"/> National	<input type="checkbox"/> HQAA	<input type="checkbox"/> RESNA
<input type="checkbox"/> Other	<input type="checkbox"/> Joint Commission	<input type="checkbox"/> VGM
	<input type="checkbox"/> Other	<input type="checkbox"/> Other

  

**Product Lines**

DME     Resp.     Pharm/Infus.     Med Supplies     Comp. Rehab     O&P

Post Mast.     Diab. Supplies     Diab. Shoes     Retail     Other

### Membership Fees

- Level is determined by the annual HME, Resp, CRT, & Supply revenue received in the PAMES States. It does not include Pharmacy.

<input type="checkbox"/> Provider Level 1 - \$500.00	Providers with annual revenue of up to \$1,000,000
<input type="checkbox"/> Provider Level 2 - \$1000.00	Providers with revenue between \$1,000,000 to \$5,000,000
<input type="checkbox"/> Provider Level 3 - \$1500.00	Providers with revenue between \$5,000.000 to \$10,000,000
<input type="checkbox"/> Provider Level 4 - \$2000.00	Providers with revenue greater than \$10,000.000
<input type="checkbox"/> 1 Yr. Trial Membership - \$250.00	For Providers who are new to PAMES

To Pay by CC: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_ Signature: \_\_\_\_\_

- A 3% processing fee will be added to each credit card transaction.

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

Thank You for Being a PAMES Member!