



PAMES RENEWAL 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: Independent, Hospital Based, Pharmacy, National, Other
Accreditation: ACHC, CHAP, Compliance Team, HQAA, Joint Commission, Other
National Associations: AAHC, AARC, NCART, RESNA, VGM, Other

Product Lines: DME, Post Mast., Resp., Diab. Supplies, Pharm/Infus., Diab. Shoes, Med Supplies, Retail, Comp. Rehab, O&P, Other

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

To Pay by CC: _____ Company with 1-4 Locations \$400.00 Exp: _____ Company with 5 or more Locations \$750.00 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!