



**Application for Membership – NCAMES**  
**North Carolina Association for Medical Equipment Services**

(please fill out completely – application will be reviewed by the NCAMES Board of Directors)

Company Name \_\_\_\_\_ Associate/Vendor (\$250) or Regular/Provider (\$350) Member? \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 (This person will receive all NCAMES mailings)

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_ Web site \_\_\_\_\_

County in which main office is located: \_\_\_\_\_, Counties of service \_\_\_\_\_

# of Locations \_\_\_\_\_ List cities (may use separate sheet) \_\_\_\_\_

Is your site accredited? \_\_\_\_\_ If so, by whom? \_\_\_\_\_ Year of first accreditation? \_\_\_\_\_

Are you licensed by the NC Board of Pharmacy? \_\_\_\_\_ Division of Facility Services (DFS) \_\_\_\_\_

Please check all that apply: \_\_\_\_\_ (1) DME Rental & Sales; \_\_\_\_\_ (2) Oxygen; \_\_\_\_\_ (3) Sales Rep/Mfr; \_\_\_\_\_ (4) Ostomy  
 \_\_\_\_\_ (5) Orthotics; \_\_\_\_\_ (6) Pharmacy; \_\_\_\_\_ (7) Rehab; \_\_\_\_\_ (8) IV and/or PEN; \_\_\_\_\_ (9) Mastectomy; \_\_\_\_\_ (10) Consulting

Classify business type: \_\_\_ Free Standing, \_\_\_ Hospital Based, \_\_\_ Home Health Agency, \_\_\_ Hospice, \_\_\_ Pharmacy, \_\_\_ Rehab

**PLEASE ANSWER THESE! Legislative Questions based on where company is located. If multiple sites, please attach list.**  
 (By completing this information, NCAMES will be able to communicate with them more efficiently when issues arise.)

Please list your Congressional District in Washington (1 through 13) \_\_\_\_\_

Have you developed a relationship with them? \_\_\_\_\_

Please list your State House District (1-98) \_\_\_\_\_ Have you developed a relationship with them? \_\_\_\_\_

Please list your State Senate District (1-42) \_\_\_\_\_ Have you developed a relationship with them? \_\_\_\_\_

**OPTIONAL INFORMATION:**

- Are you a member of: \_\_\_ AAHomecare, \_\_\_ NCSRC, \_\_\_ NCAHC, \_\_\_ NCPHA, \_\_\_ NARD, \_\_\_\_\_, NAIMES \_\_\_\_\_ Other
- Who invited you to join NCAMES? \_\_\_\_\_
- What do you expect to gain from your membership? \_\_\_\_\_
- ***Any other employees of your company may be included in our email broadcast:***

List their names & email addresses: \_\_\_\_\_

**I wish to make an application to the North Carolina Association for Medical Equipment Services. As a member of NCAMES, I agree to comply with NCAMES' by-laws including strict adherence to all local, state, and federal laws. I have examined the above information and believe it to be accurate and complete.**

**Signed by officer of the Company** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Annual Membership dues for NCAMES are \$350 for regular (provider) or \$250 for associate (vendor). Additional sites are \$50 each. Dues must be current to attend NCAMES meetings at member rates. Please submit payment by check with completed applications to the address below or pay online by credit card at [www.ncames.org](http://www.ncames.org).

*Join the industry leaders in North Carolina, join NCAMES today!!*

**NCAMES, PO Box 4411, Cary, NC 27519-4411**  
**Phone (919) 387-1221, Fax (919) 387-4255**  
**e-mail: [NCAMES@nc.rr.com](mailto:NCAMES@nc.rr.com), web site: [www.ncames.org](http://www.ncames.org)**



# **INVOICE**



## NCAMES MEMBERSHIP RENEWAL - 2010

**NCAMES needs you and you need NCAMES – don't let your membership expire!**

We value your membership and want to continue our partnership!

**NCAMES, Beth Bowen, Executive Director, PO BOX 4411, Cary NC 27519-4411**

Through the determined effort and commitment of NCAMES staff and members we have:

- ◆ DISCOUNTED QUALITY EDUCATION FOR NCAMES MEMBERS
- ◆ Become very active in National Competitive Bidding political and grassroots efforts
- ◆ Strengthened our lobbying efforts on legislative issues – like delaying Competitive Bidding and Oxygen Reform!
- ◆ Worked closely with Medicaid to protect providers and patients during budget crisis
- ◆ Continued a working dialogue with Payors
- ◆ Improved our e-mail communication network, thus enabling us to quickly notify members of critical issues and changes
- ◆ Renewed our commitment to promoting the concerns of the DME industry
- ◆ Continually held successful meetings and trade shows, which include many HME vendor exhibits and quality speakers
- ◆ Regularly update members on regulatory and other issues that pertain to the industry

### **2010 DUES PAYMENT INFORMATION:**

**2010 Membership Level – Associate (Vendor) Member**

**\* \$250.00 (Plus \$50 per location)**

**\* Annual Vendor sponsor programs available for levels between \$1000 - \$4000.**

**\* Sponsorships include membership dues, summer exhibit space AND many other benefits!! See website for details!**

After payment is received, your dues will be current through December 31, 2010

*You are NCAMES. Your association has become a well-respected voice to state and federal officials. Separately, we are barely heard. Together our voice is loud and strong and it makes a difference. Now that our industry is facing more challenges than ever, it is more important than ever to support your industry TODAY and you're your state association. Watch for more exciting opportunities to become involved! Up to 20% can be used for lobbying purposes.*

### **Mail To:**

**NCAMES - Beth Bowen, Executive Director**

**PO BOX 4411, Cary, NC 27519-4411**

**Phone: 919 387-1221; Fax 919 387-4255**

Thank you in advance. If you have any questions, please call the NCAMES office at 919 387-1221. We hope to see you at the next meetings in **2010**: Winter Meeting & Legislative Conference - **January 21-21** at the Grandover Resort in Greensboro and the Summer Meeting and Exhibit Show – **June 23-25** at the Holiday Inn Resort Wrightsville Beach!

Sincerely,

*Beth Bowen*

Beth Bowen, Executive Director, NCAMES

November 1, 2009

**NCAMES Associate Member ANNUAL Sponsorship Program - 2010 [www.ncames.org](http://www.ncames.org)**

<b>BRONZE</b>	<b>SILVER</b>	<b>GOLD</b>	<b>PLATINUM</b>	<b>BENEFITS</b>
x	x	x	x	<b>Annual Membership (\$250 value)</b>
				<i>calendar year membership</i>
x	x	x	x	<b>Booth at Summer Trade Show (\$350 value)</b>
				<i>over 2 days - unopposed exhibit time</i>
x	x	x	x	<b>Vendor Appreciation Reception</b>
				<i>2 hr exhibit time w/food and beverages</i>
x	x	x	x	<b>Giveaway Rights for Meeting Bags</b>
				<i>may provide promotional items to attendees in bags</i>
x	x	x	x	<b>Company Name on Meeting Banners</b>
				<i>company listing by category at all meetings</i>
x	x	x	x	<b>Company Recognition on Meeting Booklets</b>
				<i>meeting materials will list sponsor name</i>
	x	x	x	<b>Website Company Link</b>
				<i>company link will be placed on <a href="http://ncames.org">ncames.org</a> all year</i>
	x	x	x	<b>Two-Minute Vendor Introduction</b>
				<i>non-commercial 2-min intro prior to speaker presentation-winter or summer</i>
	x	x	x	<b>Sponsor Meals/Breaks at General Meetings</b>
				<i>may choose to have company name highlighted at meals or breaks</i>
		x	x	<b>NCAMES Teleconference Opportunity</b>
				<i>partner w/NCAMES for exclusive teleconference event</i>
		x	x	<b>Email Advertising</b>
				<i>NCAMES will send up to one ad per month to membership by email</i>
		x	x	<b>Payment Plan - Quarterly Installments</b>
				<i>Payments due Dec 15, Mar 15, June 15, Sept 15</i>
			x	<b>Reception Sponsor - Winter</b>
			x	<b>Reception Sponsor - Summer</b>
				<i>Company name listed on sponsor board for these events</i>
			x	<b>Meeting Bag or Nametag Sponsor</b>
				<i>Choose one - company logo used</i>
<b>1000</b>	<b>1500</b>	<b>2500</b>	<b>4000</b>	<b>Sponsorship Value</b>