



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



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

Name of Company _____

Company 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, ___ NARTS, _____ 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 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 or credit card with completed applications to address below.
Join the industry leaders in North Carolina, join NCAMES today!! An Estimated 15% is used for lobbying and is not tax deductible.

NCAMES, PO Box 4411, Cary, NC 27519-4411
Phone (919) 387-1221, Fax (919) 249-1394
e-mail: info@ncames.org , web site: www.ncames.org



*Join the Leaders of the North Carolina Home Medical Equipment Industry...
become a member of the*

North Carolina Association for Medical Equipment Services

Benefits which 2012 NCAMES Members receive:

- Reduced rates for **two General Meetings** with the highest in quality programming and entertainment
Winter Meeting – January 26-27, 2012, - held at the Marriott Winston-Salem, **Summer Meeting and Exhibit Show 2011 – June 13-15, 2012**, - held at the Holiday Inn Resort at Wrightsville Beach
- Reduced rates for **Educational Seminars** held in the state's center (Raleigh, Greensboro, or Charlotte areas) during the Spring and the Fall which are usually one-day, in-depth instruction. **2012 Schedule** will include a sessions on: Medicare Bidding, Management/Operations Focus, Accreditation & Reimbursement trainings, Driver Certification Training Program, Sales/Marketing and Personnel Training, Rehab training

Lobbying power - both in North Carolina & Washington:

NCAMES was instrumental in passing the NATION'S FIRST STATE LICENSURE LAW in 1995.

In 1999, worked to pass a state sales tax exemption bill. In 2000, passed a Respiratory Licensure Bill.

2001 Agenda included action to pass licensure for out-of-state providers doing business in NC. 2010 included two large grassroots lobbying trips to DC to work to halt Competitive Bidding, plus several trips by NCAMES leader in that advocacy role. NCAMES visits our NC delegation in DC each year and has a General Assembly breakfast during the long session in Raleigh (odd years). Many meetings with Medicaid to protect DME in budget cuts.

- **Emailed news** - with committee reporting from our committees as activity warrants, with the latest industry updates and advertising opportunities for Associate Members
- **Committees:** Legislative - State & Federal, Education & Programming, Private Insurance, Membership, Medicare, Medicaid, Rehab, Ethics, NC Board of Pharmacy Liaison, Respiratory Care Board Liaison
- Guidance in **grassroots lobbying** campaigns and on-site visits by your elected officials
- Partnership with **Public Relations** firm to promote NCAMES' efforts to protect patient access and DME Businesses
- **NCAMES Online:** Membership Directory, By Laws, Code of Ethics, Patient Bill of Rights, Caregiver Bill of Rights
- **NCAMES Membership Certificate** suitable for framing
- **Informal networking** with other NCAMES members
- Up to the minute **E-mail** communications, updates and more!!

Close association with the American Association for Homecare and many other affiliated industry associations, state and national

919-387-1221, info@ncames.org, PO Box 4411, CARY, NC 27519-4411, www.ncames.org



NC Association for Medical Equipment Services

P.O. Box 4411, Cary, NC 27519-4411

Phone: (919) 387-1221, Fax: (919) 387-4255

www.ncames.org

"Serving the industry leaders in North Carolina"

CREDIT CARD CHARGE AUTHORIZATION FORM – FAX to 919-249-1394

The credit card form must be filled out completely, or payment will be declined and not processed.

Date: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____



(CIRCLE CARD TYPE or write choice here _____)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

V-Code (3 digits) _____

(Back of card, Amex is 4-digit code on front of card)

Name on Credit Card: _____

Billing Address of Credit Card: _____

Charge Amount \$ _____ Item Purchased: _____

Cardholder's Signature: _____

Merchant Services Provided by: AffiniPay