



**2019 Application for REGULAR Membership – NEW PROVIDER MEMBER**  
**Atlantic Coast Medical Equipment Services Association (serving NC/VA/SC/WV/MD/DC Providers)**

**Annual Regular Membership: \$400-\$1000 based on # locations in NC/VA/SC/WV/MD/DC. (1-2 branches = \$400; 3-5 = \$600; 6-9 = \$750; 10+ \$1000)**

Name of Company \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Web site \_\_\_\_\_

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, \_\_\_\_\_ (11) Billing Service, \_\_\_\_\_ (12) Other services \_\_\_\_\_

**PLEASE ANSWER THESE! Legislative Questions based on where company is located. If multiple sites, please attach list.**

*(By completing this information, ACMESA will be able to communicate with them more efficiently when issues arise.)*

**NC:** Please list your Congressional District in Washington (1 through 13) \_\_\_\_\_, Have you developed a relationship with them? \_\_\_\_\_

**NC:** State House District (1-98) \_\_\_\_\_ Relationship with them? \_\_\_\_\_; Please list your State Senate District (1-42) \_\_\_\_\_ Relationship with them? \_\_\_\_\_

**VA:** Please list your Congressional District in Washington (1 through 11) \_\_\_\_\_, Have you developed a relationship with them? \_\_\_\_\_

**VA:** State House District (1-100) \_\_\_\_\_ Relationship with them? \_\_\_\_\_; Please list your State Senate District (1-40) \_\_\_\_\_ Relationship with them? \_\_\_\_\_

**OTHER STATES:** Congress: \_\_\_\_\_ State House \_\_\_\_\_ State Senate: \_\_\_\_\_

**OPTIONAL INFORMATION:**

- Are you a member of: \_\_ AAHomecare, \_\_ NARTS, \_\_ VGM, \_\_ MedGroup, \_\_ Other \_\_\_\_\_
- If new, Who invited you to join ACMESA? \_\_\_\_\_
- 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 Atlantic Coast Medical Equipment Services Association. As a member of ACMESA, I agree to comply with ACMESA's 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*

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*Join the industry leaders in your state! Join ACMESA today!! An Estimated 30% is used for lobbying and is not tax deductible.*

**ACMESA, PO Box 4411, Cary, NC 27519-4411 - Phone (919) 387-1221, Fax (919) 249-1394**  
**e-mail: [info@AtlanticCoastMESA.org](mailto:info@AtlanticCoastMESA.org) , website ONLINE PAYMENT Available: [www.AtlanticCoastMESA.org](http://www.AtlanticCoastMESA.org)**