



WAMES 2009 Membership Renewal Application

- Confidential -

I. Contact Information

Company Name _____

Contact and Title _____

Address _____

City _____

State _____

Zip _____

Telephone _____

Fax _____

Email address _____

Company web site address _____

II. Dues Classification

a. Regular Members (Providers)

Please check appropriate category of your Company's Net Revenue:

2009 Dues Before 1/31/09	2009 Dues AFTER 1/31/09	Regular Membership Category
\$595.00 _____	\$695.00 _____	Company Net Revenue of less than \$1,000,000
795.00 _____	895.00 _____	Company Net Revenue between \$1,000,000 - \$3,000,000
995.00 _____	1,095.00 _____	Company Net Revenue between \$3,000,000 - \$7,000,000
1,095.00 _____	1,195.00 _____	Company Net Revenue over \$7,000,000

b. Associate Members (Manufacturers or Distributors):

2009 Dues Before 1/31/09	2009 Dues AFTER 1/31/09	Associate Membership Category
\$1,395.00 _____	\$1,495.00 _____	Gold Level Associate Member
895.00 _____	995.00 _____	Silver Level Associate Member
595.00 _____	695.00 _____	Bronze Level Associate Member

III. Payment: Please complete this form and submit it with your check payable to:

Wisconsin Association of Medical Equipment Services (WAMES)
PO Box 389, Wild Rose, WI 54984 or FAX to: 715/366-4501

or pay by Visa or MasterCard below:

Credit Card Number _____ Exp date _____

Signature _____

-MINUS WAMES POINTS PROGRAM AMOUNT: -\$ _____ OR: I will use them at a later date: YES ___ NO ___

Total Amount \$ _____