



Application for Membership—SCMESA
South Carolina Medical Equipment Services Association



Company Name _____

Company Contact Person _____ Title _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax _____ email _____
 (please print)

County location of main office _____ Counties served _____

of Locations _____ Is your site Accredited _____ If so, by whom _____ When _____

Please check all that apply: DME sales/rentals(1)____, Oxygen(2)____, Ostomy(3)____, Orthotics(4)____

Sleep Lab(5)____,Rehab(6)____,Mastectomy(7)____,Diabetic(8)____,Pharmacy(9)____,IV/PEN(10)____

Sales Rep/Mfg(11)____ Consulting(12)____ Billing(13)____,Home Health Agency(14)____

ANNUAL DUES: *(Annual revenue is total combined revenue from all SC locations of the company)*

- Regular Member:** () Under \$1,000,000 Annual Gross Revenue.....\$350
 () \$1,000,000--\$2,000,000 Annual Gross Revenue.....\$450
 () \$2,000,000--\$4,000,000 Annual Gross Revenue.....\$550
 () over \$4,000,000 Annual Gross Revenue.....\$650

Retail Pharmacy: () (Annual Revenues from DME, 25% of Revenue or less).....\$200

Associate Member: () (Sales and/or Mfg. Rep.) includes annual meeting exhibit fees...\$500

(All revenue information will be held in strict confidence)

PLEASE ANSWER THESE! Legislative questions based on your company location. If multiple sites, attach list
 (Please supply the requested info below so that SCMESA can communicate with these officials to represent your needs)

Please name your U.S. Congressman in Washington _____

Do you have relationship with them? Yes _____ No _____ If yes, Explain _____

Please name your SC House Member: _____ Any relationship? Yes _____ No _____

Please name your SC State Senator _____ Any relationship? Yes _____ No _____

OPTIONAL INFORMATION

Are you a member of
 AAHomecare _____ NAIMES _____ SCPHA. _____ SCRTA _____ SCPTA _____ SCNA _____

Who invited you to join SCMESA? _____

Are you accredited? Yes _____ No _____ If yes, which agency? _____

Signed: _____ **Print Name** _____

Title _____ **Date:** _____

Mail Application to: SCMESA, P.O.Box 3284, West Columbia, SC 29171
Phone 803-834-3975, Fax 803-926-9999, email: bhorton1@sc.rr.com