

# 2020 Application

## ■ ■ ■ About Your Membership

Corporate membership is available to industry-oriented organizations which are defined as for-profit and nonprofit entities that are engaged in the lifecycle or supply chain for medical devices and health technology, consult on medical devices and health technology, or otherwise provide products and services relevant to AAMI's mission.

## ■ ■ ■ Complete Corporate Address Information

Please type or print your organization's name as it should appear in the AAMI database:

Parent/Main Company Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

## ■ ■ ■ Designate a Primary Representative

Please name a Primary Corporate Representative who will serve as the point of contact on the membership. Once your completed application is received by AAMI, the primary corporate rep will receive information about our online Roster Manager tool to assist in creating your Corporate Representative roster.

Primary Corporate Rep: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

## ■ ■ ■ Corporate Dues Worksheet

Please complete Worksheet Parts A and B of this application on pages three and four.

## ■ ■ ■ Choose Payment Method

**Membership Dues:\*** \$ \_\_\_\_\_

Your membership dues cover a 12-month period. (Calculate on Worksheet Part B on pg. four)

Would you like to make a contribution to the AAMI Foundation? \*\*

1. AAMI Foundation Unrestricted: \$ \_\_\_\_\_

2. AAMI Foundation Scholarship Program: \$ \_\_\_\_\_

**Grand Total:** \$ \_\_\_\_\_

Check is enclosed made payable to AAMI. (Checks must be in U.S. funds drawn on a U.S. bank.)

Charge this to:  VISA  MasterCard  AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_


Cardholder Name: \_\_\_\_\_


Invoice Me


\* For U.S. citizens only: Membership dues to AAMI are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.


\*\*The AAMI Foundation is a 501(c)(3) tax exempt non-profit organization. The Foundation provides scholarships and conducts research on improving patient outcomes. All contributions are tax deductible to the full extent of U.S. law. A donation acknowledgement letter will be provided.

## ■ ■ ■ Submit Your Application Form

 Call 1-800-332-2264, ext. 1214 (or 1-703-525-4890, ext. 1214 outside the U.S.), to charge your renewal by phone.

 Mail this form along with your check or credit card information to: AAMI, P.O. Box 890694, Charlotte, NC 28289-0694.

 Fax this form with credit card information to 703-783-0705.

 Email this form with credit card information to membership@aami.org.

**Thank you for becoming an AAMI member!**

### ■ ■ ■ About Your Membership

Visit [www.aami.org/membership](http://www.aami.org/membership) for a comprehensive list of member benefits.

#### Membership benefits include:

- Leadership positions on standards committees, TAGs, and non-standards committees
- Deep discounts on the purchase of AAMI products and event registrations
- Online access to *AAMINews*, *BI&T*, and *Horizons*
- Annual vote for AAMI Board of Directors and bylaws changes
- Access to AAMI Connect online discussion groups
- Discounted exhibit booth space at the AAMI Exchange
- Member discounts off job postings in the AAMI Career Center

### ■ ■ ■ Company Demographics

#### Please select your company's product area(s):

*Check all that apply.*

- |                                                  |                                                            |                                                       |
|--------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Anesthesia              | <input type="checkbox"/> General Surgery                   | <input type="checkbox"/> Orthopedics                  |
| <input type="checkbox"/> Artificial Intelligence | <input type="checkbox"/> Health Information Technology/ IT | <input type="checkbox"/> Packaging                    |
| <input type="checkbox"/> Biocompatibility        | <input type="checkbox"/> Home Healthcare                   | <input type="checkbox"/> Pharmaceuticals              |
| <input type="checkbox"/> Biologics               | <input type="checkbox"/> Human Factors/Usability           | <input type="checkbox"/> Physical Medicine            |
| <input type="checkbox"/> Cardiovascular          | <input type="checkbox"/> Infusion                          | <input type="checkbox"/> Protective Barriers          |
| <input type="checkbox"/> Combination Products    | <input type="checkbox"/> Imaging                           | <input type="checkbox"/> Radiology                    |
| <input type="checkbox"/> Cybersecurity           | <input type="checkbox"/> Materials                         | <input type="checkbox"/> Robotics                     |
| <input type="checkbox"/> Dental                  | <input type="checkbox"/> Nanotechnology                    | <input type="checkbox"/> Software                     |
| <input type="checkbox"/> Dialysis                | <input type="checkbox"/> Neurology                         | <input type="checkbox"/> Sterilization                |
| <input type="checkbox"/> ENT                     | <input type="checkbox"/> ObGyn                             | <input type="checkbox"/> Tissue Engineering           |
| <input type="checkbox"/> Gastroenterology        | <input type="checkbox"/> Ophthalmic                        | <input type="checkbox"/> Wearable Technology          |
| <input type="checkbox"/> General Hospital        |                                                            | <input type="checkbox"/> Other (please specify) _____ |

### ■ ■ ■ Get Involved in AAMI Standards

AAMI members have the unique opportunity to make a difference. By participating on AAMI standards committees, you can have a direct role in shaping medical device standards, and work side by side with industry colleagues and participating government agencies (e.g., FDA). Standards, technical information reports, and recommended practices represent a national consensus.

Each company, including all subsidiaries, may have one primary (voting) member, one alternate, and up to six liaisons per standards committee. Additional liaisons can be approved upon special request.

To join an AAMI standards committee or working group, visit [www.aami.org/standards](http://www.aami.org/standards), email [standards@aami.org](mailto:standards@aami.org), or call 703-525-4890, ext. 1250.

# CORPORATE MEMBERSHIP WORKSHEET PART A

## ■ ■ ■ Complete Subsidiary Information

Please list all subsidiaries that have medical device and health technology sales in your calculation of corporate dues on Worksheet Part B on page four. *(Use a separate sheet of paper if necessary).*

Subsidiary Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

Subsidiary Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

Subsidiary Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

Subsidiary Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_



# CORPORATE MEMBERSHIP WORKSHEET PART B

■ ■ ■ **Company Name:** \_\_\_\_\_

## IMPORTANT CONFIDENTIALITY NOTICE

AAMI requests that industry-oriented organizations (see definition on page one) report gross worldwide medical device and health technology sales emanating from the parent company and all subsidiaries in the computation of annual dues. **The AAMI auditors require that the incoming dues payment be supported by completing this worksheet using sales data from the most recently completed fiscal year which includes publication of the period's financial statements.** Sales data is utilized only for dues collection purposes and is kept completely confidential. For questions regarding this request, contact Sabrina Reilly at 1-800-332-2264, x1232 or email sreilly@aami.org.

## ■ ■ ■ Calculate 2020 Dues Payment:

**Step 1:** Enter gross worldwide medical device and health technology sales emanating from the parent company and all subsidiaries in the computation of annual dues from the most recently completed fiscal year, including biologics, device, pharmaceutical, and software, and any consulting sales and/or services to the device, hospital, and health care industry.

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Step 2:** Refer to the schedule below and complete the dues formula: *(Round to the nearest dollar)*

**Formula:**

\$ \_\_\_\_\_ + [ \_\_\_\_\_ x (\$ \_\_\_\_\_ - \$ \_\_\_\_\_ ) = \_\_\_\_\_  
 (enter Base Dues Amt. for your tier) (enter Multiplier) (enter Gross Sales minus Base Sales Amt. for your tier) (Dues Amt.)

**Example:** Based on gross worldwide sales of \$30,500,000. Enter \$26,780 for tier four as the base dues amount. Take the multiplier amount (0.0309%) and multiply it by the difference between the gross worldwide sales (\$30,500,000) and the base sales amount for tier four (\$25,000,000). Now add that to the base dues amount of \$26,780 to arrive at total dues owed of \$28,479.50.

**Formula Example:** \$26,780 + [\$0.0309% x (\$30,500,000-\$25,000,000)] = \$28,479.50

**Additional Representatives:** Add \_\_\_\_\_ Representatives @ \$185 each for a total of \$ \_\_\_\_\_ + dues payment \$ \_\_\_\_\_ =

Membership Tier	Gross Worldwide Health Technology Sales		Base Dues Amt.	Multiplier	Number of Corporate Representatives
<b>New Company</b>	\$0 up to \$400,000 and in existence for three years or less		\$500		5
<b>Small Company</b>	Less than \$400,000 per year		\$750		5
<b>Tier 1</b>	\$400,000	- \$1,999,999	\$876	0.1957%	10
<b>Tier 2</b>	\$2,000,000	- \$4,999,999	\$4,944	0.19055%	16
<b>Tier 3</b>	\$5,000,000	- \$24,999,999	\$12,360	0.0721%	21
<b>Tier 4</b>	\$25,000,000	- \$49,999,999	\$26,780	0.0309%	27
<b>Tier 5</b>	\$50,000,000	- \$99,999,999	\$34,505	0.00927%	30
<b>Tier 6</b>	\$100,000,000	- \$499,999,999	\$39,140	0.00206%	35
<b>Tier 7</b>	\$500,000,000	- \$999,999,999	\$47,380	0.0018231%	39
<b>Tier 8</b>	\$1,000,000,000	- \$2,499,999,999	\$56,650	0.0004635%	46
<b>Tier 9</b>	\$2,500,000,000	- \$4,999,999,999	\$63,860	0.0003193%	51
<b>Tier 10</b>	\$5,000,000,000	- \$9,999,999,999	\$74,160	0.000277%	Unlimited
<b>Tier 11</b>	\$10,000,000,000	- \$100,000,000,000	\$90,640	0.000276%	Unlimited