



Corporate Membership

■ ■ ■ About Your Membership

Corporate membership is available to for-profit corporations, consulting firms and other businesses that manufacture, sell or service health technology or that have a business-related activity involving health technology.

■ ■ ■ Complete Corporate Address Information

Please type or print your organization's name as it should appear in the online Membership Directory:

Parent/Main Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

■ ■ ■ Provide Your Corporate Roster

Corporate Representatives: The total number of Corporate Representatives allowed under your membership dues level is determined by completing Worksheet Part B (pg. four). Your Primary Corporate Representative will serve as the main contact for your membership. Attach an additional sheet listing all other Representatives including their title, full address, phone and email.

Primary Corporate Rep: _____

Title: _____

E-mail: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____

■ ■ ■ Corporate Dues Worksheet

Please complete Worksheets Parts A & B of this application on pages three & four.

■ ■ ■ Choose Payment Method

Membership Dues: \$ _____

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

AAMI Foundation Contribution* (Optional):

1. AAMI Foundation: \$ _____

2. The 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: _____

* The AAMI Foundation is an educational organization exempt from the 501(c)3 code of the Internal Revenue Service. Contributions to the AAMI Foundation are deductible as charitable contributions for federal income tax purposes to the extent provided by law. **For U.S. Citizens only:** AAMI dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.

■ ■ ■ Submit Your Application Form

Call 800-332-2264, ext. 1214 (or 703-525-4890, ext. 1214 outside the U.S.), to charge your membership 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 703-525-1424.

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

Thank you for joining AAMI!

■ ■ ■ About Your Membership

Visit www.aami.org for a comprehensive list of member benefits.

Membership benefits include:

- Discounts on AAMI standards, educational offerings, benchmarking, books, and videos
- Participation on AAMI standards committees (see below)
- Discounts on ACI Certification fees
- Access to AAMI Connect online discussion groups for Corporate Representatives
- Discounted exhibit booth space at the AAMI Annual Conference & Expo
- Subscriptions to printed AAMI journals and newsletters for Corporate Representatives
- 10% discount on advertising with AAMI

■ ■ ■ Company Demographics

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

Check all that apply.

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

Please indicate your organization's primary business:

- Consulting Firm
- Contract Services
- Distributor
- Manufacturer
- Reprocessor
- Shared Engineering Service Company
- Test House/Lab
- Other (*please specify*) _____

How did you hear about AAMI?

Please select one response.

- | | |
|---|--|
| <input type="checkbox"/> AAMI advertisement | <input type="checkbox"/> Internet search |
| <input type="checkbox"/> AAMI article | <input type="checkbox"/> Social media |
| <input type="checkbox"/> AAMI event | <input type="checkbox"/> Standards program |
| <input type="checkbox"/> Industry event | <input type="checkbox"/> Regulatory agency |
| <input type="checkbox"/> Other: _____ | |

■ ■ ■ 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, can apply to have one primary (voting), one alternate member and one liaison on each standards committee. Additional liaisons can be approved upon special request.

To join an AAMI standards committee or working group, visit www.aami.org/standards, email standards@aami.org or call 703-525-4890, ext. 1250.

■ ■ ■ Complete Subsidiary Information

Please list all subsidiaries that have medical sales in your calculation of Corporate dues on Worksheet Part B (pg. four) of this form. All employees of subsidiaries receive the AAMI member discount and may serve on AAMI standards committees.

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: _____

Member organizations are listed in the online AAMI Membership Directory.

Check here if you do not want the names of your Corporate Representatives included in the online Membership Directory. Corporate Representatives can update this preference individually within their online profile.

Company Name: _____

IMPORTANT CONFIDENTIALITY NOTICE:

AAMI requests that companies and consulting firms report gross worldwide medical 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 800.332.2264, x1232 or email sreilly@aami.org.

Calculate 2018 Dues Payment:

(A) Enter gross worldwide medical sales from the most recently completed fiscal year for all companies AND subsidiaries, including device, pharmaceutical and biologics, and any consulting sales and/or services to the device, hospital, and health care industry:

\$ _____, _____, _____, _____

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

Enter base dues rate from schedule [B]	Enter rate per thousand from schedule [C]	Enter \$ thousands in gross sales [A]	Enter base sales in \$ thousands from schedule [D]	2018 total dues payment amount
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Formula: \$ _____ + [\$ _____ x (_____ - _____)] = \$ _____

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

Example: Gross worldwide medical sales: \$30,500,000 **Formula:** \$23,620 + [\$0.3 x (30,500-25,000)] = \$25,270

2018 Corporate Membership Dues Schedule

Gross Worldwide Medical Sales [A]	Base Dues Rate [B]	Rate per Thousand [C]	Base Sales in \$ Thousands [D]	Total Representatives [E]
New Company Start Up <small>(Only available for three years)</small>	\$500	None	None	3
Small Company <small>(1-3 employees, ≤\$400,000 total revenue)</small>	\$750	None	None	3
\$500,000 or less	\$1,257	None	None	5
Over \$500,000 to \$1 million	\$1,257 +	\$2.22 per \$ thousand sales over \$500,000	\$500	7
Over \$1 million to \$2 million	\$2,281 +	\$2.22 per \$ thousand sales over \$1 million	\$1,000	9
Over \$2 million to \$5 million	\$4,547 +	\$2.22 per \$ thousand sales over \$2 million	\$2,000	12
Over \$5 million to \$10 million	\$10,827 +	\$1.36 per \$ thousand sales over \$5 million	\$5,000	14
Over \$10 million to \$25 million	\$18,080 +	\$0.37 per \$ thousand sales over \$10 million	\$10,000	18
Over \$25 million to \$50 million	\$23,620 +	\$0.30 per \$ thousand sales over \$25 million	\$25,000	21
Over \$50 million to \$100 million	\$30,990 +	\$0.06 per \$ thousand sales over \$50 million	\$50,000	23
Over \$100 million to \$200 million	\$34,058 +	\$0.06 per \$ thousand sales over \$100 million	\$100,000	25
Over \$200 million to \$500 million	\$41,195 +	\$0.016 per \$ thousand sales over \$200 million	\$200,000	28
Over \$500 million to \$1 billion	\$47,100 +	\$0.0182 per \$ thousand sales over \$500 million	\$500,000	30
Over \$1 billion to \$2.5 billion	\$56,600 +	\$0.002 per \$ thousand sales over \$1 billion	\$1,000,000	36
Over \$2.5 Billion to \$5 Billion	\$64,818 +	\$0.0014 per \$ thousand sales over \$2.5 billion	\$2,500,000	40
Over \$5 Billion - \$10 Billion	\$72,740 +	\$0.0012 per \$ thousand sales over \$5 billion	\$5,000,000	44
Over \$10 Billion	\$80,475 +	\$0.0011 per \$ thousand sales over \$10 billion	\$10,000,000	48
Cap on Dues - 48 Representatives	\$92,300 +	None	None	48
Cap on Dues - 64 Representatives	\$95,265 +	None	None	64
				(additional reps \$185)