

DUES STRUCTURE

- Dealer Member \$0 to \$999,999 in gross sales \$1,050*
- Dealer Member \$1 million to \$2,999,999 in gross sales \$1,575*
- Dealer Member \$3 million and over in gross sales \$2,100*
- Associate Member (Previously Professional Member) \$52.50
- Manufacturer Member \$0 to \$999,999 in gross sales \$1,050
- Manufacturer Member \$1 million to \$2,999,999 in gross sales \$1,575
- Manufacturer Member \$3 million and over in gross sales \$2,100
- Circuit Breaker (Quarterly) Subscription Only \$16.50;

Dealer, Associate, and Manufacturer Members receive *Circuit Breaker* with membership.

* Dealer dues include Quality Assurance Program fees for one year. Must undergo separate QAP application process.

**Transportation is the
key to freedom,
NMEDA is the key to
quality transportation.**

CONTACT INFORMATION

Company Name: _____

Type of Business: _____

(Example: Manufacturer, Supplier of Equipment, Conversion Dealer, etc.)

Representative's Name and Title: _____

Street Address: _____

City, State, Zip: _____

Mailing Address (if different from above): _____

Telephone #: _____ Fax #: _____

Technician Name: _____ E-mail Address: _____ Telephone #: _____

Website Address: _____

Permission to link from the NMEDA website to your website Yes or No (circle one)

E-mail Address: _____

Principal(s): _____

Upon joining the National Mobility Equipment Dealers Association, we agree to follow the association's Guidelines, Bylaws and Mediation Committee decisions.

Signature: _____

<p>Send payment and information to:</p> <p>NMEDA 3327 W. Bearss Ave. Tampa, FL 33618</p> <p>PH 800-833-0427 FAX: 813 962-8970</p> <p>www.nmeda.org</p>	CARD TOTAL: \$ _____ EXP. DATE _____ V-CODE: _____
	Card type (circle one) VISA Master Card AMEX
	CARD # _____

	CARDHOLDER NAME (PRINT)

SIGNATURE	
NMEDA dues payments are not deductible as charitable contributions for federal income tax purposes. For check payment make check payable to NMEDA.	