



Regular Member Application
please complete both front *and* back of form

Company Name _____

Parent Company Name (if applicable) _____

Street Address _____

City: _____ State: _____ Zip Plus Four: _____

County: _____ No. of locations in GA: _____ No. of employees in GA: _____

Legislative Districts: _____

US Congress: _____ GA Senate: _____ GA House: _____

NPI Number: _____

Circle all that apply:

Independent Company	Regional Company	National Company	HME	Complex Rehab
Oxygen/Respiratory	Pharmacy and HME	Hospital affiliated	Home Health Agency	MED Member
AAHomecare member	GphA member	VGM member	NAIMES member	Other _____

Dues may not be deducted as a charitable expense, but may be deducted as a business expense according to the IRS. GAMES TIN: 58 2113421

_____ Annual Membership \$450.00
 _____ Branches \$100.00 (ea)
 Total: _____

Payment Method:

Check Ck # _____

Visa Mastercard American Express

Card # _____ Security code _____

Name on card _____ Exp. Date _____

Authorized signature _____ Date _____

Contact Information

Regular GAMES membership is held in the name of the organization. Each organization may name one voting member and two alternates from the **primary location** included with membership dues of \$450 annually. These three contacts within the organization should understand they are responsible for forwarding important updates and information from GAMES to others within the organization.

Additional contacts at other locations of the same organization should be added as branches. Dues for branch locations are \$100.00 annually.

Please provide contact information for your primary contact.

This person will receive all GAMES correspondence sent via email, fax, or mail. This person is eligible to vote in all elections and any other matters that require a vote of the general membership.

Primary Contact /Voting Member _____ Title: _____

Email _____ Phone _____ Fax: _____

Please provide 2 contacts from the same location to receive email updates and educational information.

Alternate Contact I _____ Title: _____

Email _____ Phone _____ Fax: _____

Alternate Contact II _____ Title: _____

Email Address: _____ Phone _____ Fax: _____

**Contacts from additional locations (same company) – Branch membership - \$100
(copy this form or attach separate sheet if needed)**

Contact _____ Title: _____

Email _____ Phone _____ Fax: _____

Street Address

City: _____ State: _____ Zip Plus Four: _____

County: _____

Legislative Districts:

US Congress: _____ GA Senate: _____ GA House: _____



ASSOCIATION CODE OF ETHICS

Pending acceptance into membership of the Georgia Association of Medical Equipment Suppliers, we do hereby subscribe without reservation to the Association's Code of Ethics.

1. To serve all patients regardless of race, creed, national origin or reason of illness.
2. To render the highest level of service and care with first consideration to the health and safety of the patient.
3. To uphold State and Federal laws in fact and intent, bringing dignity and honor to the provision of home medical equipment and services; and to expose, without fear or favor, illegal or unethical conduct.
4. To respect the confidentiality of patient information.
5. To dispense, promote and distribute medical devices and services only of good quality and therapeutic value to the patient.
6. To fully explain to each patient and caregiver their rights and obligations regarding the use, sale, rental and service of home medical equipment.
7. To seek only fair and reasonable remuneration for home medical equipment and services provided.
8. To avoid at all times the use of unfair competitive practices.
9. To provide only the services in which my staff and myself are duly qualified to provide and not exceed our qualifications for such professional services.
10. To recognize the authority of the Association in all matters relating to its function and its interpretation of this code in accordance with its bylaws and general rules.
11. To always display a friendly spirit of cooperation to my fellow members and assist them professionally, whenever requested.
12. To always act in good faith; to be honest, truthful and fair to all concerned.

Company Name: _____

Authorized Signature: _____

Print Name: _____ Title: _____

Georgia Association of Medical Equipment Suppliers

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