



Colorado Association for Medical Equipment Services
2024 Associate Membership Application/Invoice

Date: _____

COMPANY INFORMATION

Name of Organization _____

Key Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

MEMBERSHIP DUES: Remit by February 16, 2024, so membership benefits won't be interrupted or delayed.

Table with 3 columns: Check Box, Associate Sponsorship Levels, Annual Cost. Rows include Base Membership (\$900.00), Gold Membership (\$1,000.00), Platinum Membership (\$1,200.00), and GRAND TOTAL.

PAYMENT METHOD

- Check enclosed made payable to CAMES
Charge my MasterCard Visa American Ex.

I authorize CAMES to bill my credit card in the amount of \$_____.

Credit Card Number _____

Expiration Date _____ Security Code (3-digit code on back of card) _____

Name on Card _____ Signature of Cardholder _____

Billing Address for the Credit Card

Address _____ City _____ State _____ Zip _____

Please complete both pages and send with payment to:

By mail: Aponte & Busam c/o CAMES Attn: Cindy Link 110 16th Street, Suite 1400 Denver, CO 80202
By email: to Cindy Link at clink@aponte-busam.com. Questions, please call Cindy at 303-358-4485

HELP CAMES SERVE YOU BETTER

Your Company's Web Site _____

Service Area _____

Services Provided (circle all that apply)

*Vendor/Manufacturer *Oxygen Equipment *Medical Supplies

*Disposable Supplies *Orthotics & Prosthetics *Consultants *Wheelchairs

List any other employee email addresses that you would like to receive CAMES communications:

Name _____ Email Address _____

Name _____ Email Address _____

INDEMNIFICATION

Member agrees to indemnify and hold harmless the Association, its officers, directors, employees and agents (each an "Indemnified Party"), from and against any and all claims, demands, causes of action, losses, damages, costs, expenses or liabilities of any type or nature whatsoever, direct or indirect, at law or in equity, whether sounding in tort or contract, arising from or in any way relating to the negligent acts or omissions of any Indemnified Party.

STATEMENT OF NON-COLLUSION

As a member or prospective member of the Colorado Association of Medical Equipment Services (CAMES), I hereby certify that I have not and will not collude with any official of CAMES or any other member of CAMES in any way in the preparation or submission of pricing for my goods and services to any customer or payer. In addition, no official of CAMES will receive anything of economic value from me or my company, either directly or indirectly, if I or my company benefits from the consulting or legislative efforts of CAMES. This statement shall be considered as ongoing for as long as I continue to be a member of CAMES. Should it be determined that the statements made herein are false, I understand that I will be ineligible to remain a member.

COMPANY NAME (PLEASE PRINT)

ADDRESS

CITY, STATE, ZIP CODE

AUTHORIZED SIGNATURE

NAME OF ABOVE (PLEASE PRINT)

TITLE DATE