INTERNATIONAL ASSOCIATION OF MEDICAL EQUIPMENT REMARKETERS & SERVICERS

Ethics 1st... Creating a Professional Secondary Market

Voting Member Information - 2027

Principal_____ Title _____

Company_____ Years in business_____

Address_____

City _____ State/Country_____ Zip_____

Phone _____ Mobile _____

Email _____Website _____

Business Description_____

% Broker_____ % Lessor_____ % Dealer _____ % Technical Service_____ % Mfgr _____

REFERENCES: (may be contacted in connection with this application)

IAMERS Sponsor (choose one) _____

Do you know other IAMERS Members? ___ If so, who?_____

Are you ISO Certified? _____ If not, do you agree to comply with IAMERS *Best Practices*? _____

Additional Employees may be listed in our membership records; however, there can only be one vote per company on membership matters. Please attach a list of additional employees. Include their title, address, phone, fax, and e-mail.

Application fee - $675.00 due with application
Annual Dues are assessed based on staff size and are due with this application via check or credit card.

Check appropriate dues category:
☐ 1 to 15 employees - $3,500 ☐ 16 to 54 employees - $5,750.00 ☐ 55 to 99 employees - $10,900.00 ☐ +100 employees - $16,380.00

Member's Agreement
I hereby apply for membership in IAMERS and acknowledge that I have received, read and agree to comply with all provisions of the Code of Ethics, and that I am obligated to inform and train all employees with respect to their responsibilities under the Code. I acknowledge and agree that the rejection of this application creates no liability, under any theory of liability whatsoever, upon IAMERS, its officers, directors, members and agents. I understand that if approved for membership, I will be subject to disciplinary proceedings for violations of the Code of Ethics by IAMERS that may result in sanctions, including revocation of membership. I understand that I cannot vote in an IAMERS election for the first three months of my membership. I acknowledge and agree to hold IAMERS, it's officers, directors, members and agents, harmless from any legal action, under any theory of liability whatsoever, for any actions taken by IAMERS in connection with the enforcement of the Bylaws and Code of Ethics.

Signature_____Date_____

Payment can be made by check, or credit card. Credit card payments should be sent to diana@iamers.org

Credit card #: _____ Exp:(mm/yy)_____/_____ Code: _____

Checks payable to IAMERS. Send to Diana Upton, IAMERS, 85 Edgemont Place, Teaneck, NJ 07666, USA