



**Colorado Association for Medical Equipment Services  
2017 Membership Application/Invoice**

Date: \_\_\_\_\_

**COMPANY INFORMATION**

Name of Organization \_\_\_\_\_

Key Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**MEMBERSHIP DUES** (Remit by **January 30, 2017** so membership benefits won't be interrupted or delayed.)

Check One	Annual DME Revenue in Colorado	Dues	2017** Lobbying	Total
___	Under \$500,000	\$ 400	\$ 50	\$ 450
___	\$500K to \$1 million	\$ 750	\$ 50	\$ 800
___	\$1 million to \$5 million	\$ 1,450	\$ 50	\$ 1,500
___	\$5 million and over	\$ 1,950	\$ 50	\$ 2,000
___	New Member 25% off member level (ex. \$800-200=\$600)*	25% off	\$ 50	
___	Associate (Vendor)	\$ 650	_____	_____
___	Friends of CAMES (Donor)	\$ 300	_____	_____

\*New Member offer valid through April 1, 2017.

\*\*Please note that the portion of your payment to CAMES used for lobbying is not tax deductible.

**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 \$\_\_\_\_\_ one time/quarterly (circle one).

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:**

CAMES, 10289 W. Burgundy Ave., Littleton, CO 80127 303-346-9278 fax; phone 303-549-9601 **OR**  
SAVE DOCUMENT ON YOUR COMPUTER, NAME IT, FILL IT OUT ON LINE AND SEND TO: [comesadmin@comcast.net](mailto:comesadmin@comcast.net)

