



**Colorado Association for Medical Equipment Services
2019 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, 2019** so membership benefits won't be interrupted or delayed.)

Check One	Annual DME Revenue in Colorado 2018	Dues	Lobbying**	Total
<input type="checkbox"/>	Under \$500,000	\$ 400	\$ 50	\$ 450
<input type="checkbox"/>	\$500K to \$1 million	\$ 750	\$ 50	\$ 800
<input type="checkbox"/>	\$1 million to \$5 million	\$ 1,450	\$ 50	\$ 1,500
<input type="checkbox"/>	\$5 million and over	\$ 1,950	\$ 50	\$ 2,000
<input type="checkbox"/>	New Member 25% off member Level (ex. \$800-200=\$600)*	25% off	\$ 50	_____
<input type="checkbox"/>	Associate (Vendor)	\$ 650	\$ _____	_____
<input type="checkbox"/>	Friends of CAMES (Donor)	\$ 300	\$ _____	_____

*New Member offer valid through April 1, 2019.

**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

