

Membership Application

Company Information

Company Name:		
Member Type:		
Primary (Companies defined asAssociate (Companies and institut		ated manufactures per GMMDC Board) ne medical device industry)
Nature of Business:		
Physical Address:		
City:	State:	Zip Code:
Phone:	Cell Phone:	
Fax:	Number of Emp	loyees:
Primary email:		Website:
	Contact Info	ormation
Primary Contact:		Title:
Address if different from above:		
Phone:	Cell Phone:	
Fax:	Email:	
Secondary Contact:		Title:
Address if different from above:		
Phone:	Cell Phone:	
Fax:	Email: -	
	Billing Info	rmation
Billing Contact:		Title: ———
Address if different from above:		
Phone:	Cell Phone:	
Email:		



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GMMDC Journal

(This information will be published in the Membership Directory)

Membership & Payment Information			
	Major Stakeholder Member	Investment	
	Pinnacle (Industry Exclusive)	\$25,000	
	Premium	\$15,000	
	Sustaining	\$10,000	
	Elite	\$5,000	
	Primary Members (Medical Device Comp		
	1-19 Employees	\$500	
	20-49 Employees	\$1000	
	50-99 Employees	\$1,500	
	100+ Employees	\$2,500	
	Associate Members (Entities supporting	the Medical Device industry)	
	Not For Profit	\$1,500	
	1-15 Employees	\$2,000	
	16-50 Employees	\$2,500	
	51+ Employees	\$5,000	

Please send application to Susan Wilson at swilson@gmmdc.org or mail to: GMMDC, 2969 Elmore Park Rd., Bartlett, TN 38134.

For more information call (901) 380-2710. A GMMDC representative will contact you.