

CORPORATE MEMBERSHIP

ABOUT YOUR MEMBERSHIP

Corporate membership is available to industry-oriented organizations which are defined as for-profit and nonprofit entities that are engaged in the life cycle or supply chain for medical devices and health technology, consult on medical devices and health technology, or otherwise provide products and services relevant to AAMI's mission.

Membership benefits include:

- Leadership positions on standards committees, TAGs, and non-standards committees
- Deep discounts on the purchase of AAMI products and event registrations
- Online access to *AAMI*News and *BI&T*
- Annual vote for AAMI Board of Directors and bylaws changes
- Access to AAMI Connect online discussion groups
- Discounted exhibit booth space at the AAMI Exchange
- Free job search and resume posting in the AAMI Career Center

COMPLETE ADDRESS INFORMATION

Please type or print your company's name as it should appear in the AAMI database:

Parent/Main Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

DESIGNATE A PRIMARY REPRESENTATIVE

The primary representative serves as the main contact for your organization's membership with AAMI. Please list that person's contact information.

Primary Representative

Name: _____

Title: _____

Phone: _____

Email: _____

Address: _____

**If address is different from above.*

CORPORATE DUES WORKSHEET

Please complete Worksheet Parts A and B of this application.

CHOOSE PAYMENT METHOD

Membership Dues:* \$ _____

Your membership dues cover a 365 day period.

(Calculate on Worksheet Part B)

Invoice Me

Check

(Make payable to AAMI. Checks must be in U.S. funds drawn on a U.S. bank.)

Charge this to: VISA MasterCard AMEX

Cardholder Name: _____

Card Number: _____


Expiration Date: _____ CVC Code: _____


Cardholder Signature: _____


If address on credit card is different than company address, add it here:

** For U.S. citizens only: Membership dues to AAMI are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.*

SUBMIT YOUR APPLICATION FORM

 **EMAIL** this form with credit card information to membership@aami.org.

 **MAIL** this form along with your check or credit card information to: AAMI, 901 N. Glebe Road, Suite 300, Arlington, VA 22203.

 **CALL** 1-800-332-2264, (or 1-703-525-4890, outside the U.S.), to charge your payment by phone.

THANK YOU!



CORPORATE MEMBERSHIP

CORPORATE MEMBERSHIP WORKSHEET PART A

COMPANY DEMOGRAPHICS

PLEASE SELECT YOUR COMPANY'S PRODUCT AREA(S):

Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Health Information Technology/ IT | <input type="checkbox"/> Ophthalmic |
| <input type="checkbox"/> Artificial Intelligence | <input type="checkbox"/> Home Healthcare | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Biocompatibility | <input type="checkbox"/> Human Factors/Usability | <input type="checkbox"/> Packaging |
| <input type="checkbox"/> Biologics | <input type="checkbox"/> Infusion | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> In Vitro Diagnostics | <input type="checkbox"/> Protective Barriers |
| <input type="checkbox"/> Combination Products | <input type="checkbox"/> Imaging | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Cybersecurity | <input type="checkbox"/> Materials | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Nanotechnology | <input type="checkbox"/> Software |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Neurology | <input type="checkbox"/> Sterilization |
| <input type="checkbox"/> ENT | <input type="checkbox"/> ObGyn | <input type="checkbox"/> Wearable Technology |
| <input type="checkbox"/> Gastroenterology | | <input type="checkbox"/> Other (please specify) _____ |

COMPLETE SUBSIDIARY INFORMATION

Please list all subsidiaries that have medical sales in your calculation of corporate dues on Worksheet Part B. *(Use a separate sheet of paper if necessary).*

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

Subsidiary Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

CORPORATE MEMBERSHIP

CORPORATE MEMBERSHIP WORKSHEET PART B

COMPANY NAME: _____

IMPORTANT CONFIDENTIALITY NOTICE

AAMI requests that industry-oriented organizations (defined as for-profit and nonprofit entities that are engaged in the lifecycle or supply chain for medical devices and health technology, consult on medical devices and health technology, or otherwise provide products and services relevant to AAMI's mission) report gross worldwide medical device and health technology sales emanating from the parent company and all subsidiaries in the computation of annual dues. **AAMI requests that the incoming dues payment be supported by completing this worksheet using sales data from the most recently completed fiscal year.** Sales data is utilized only for dues collection purposes and is kept completely confidential. For questions regarding this request, contact the AAMI membership department at 1-800-332-2264, or email membership@aami.org.

CALCULATE 2025 DUES PAYMENT:

STEP 1: Enter gross worldwide medical device and health technology sales emanating from the parent company and all subsidiaries in the computation of annual dues from the most recently completed fiscal year, including biologics, device, pharmaceutical, and software, and any consulting sales and/or services to the device, hospital, and health care industry.

\$ _____

STEP 2: Refer to the schedule below and complete the dues formula: *(Round to the nearest dollar)*

\$ _____ + [_____ x (\$ _____ - \$ _____)] = _____
 (enter Base Dues Amt.) (enter Multiplier) (Gross Sales minus Base Sales Amt. for your tier) (Dues Amt.)

EXAMPLE: Based on gross worldwide sales of \$65,000,000. Enter \$39,585 for tier five as the base dues amount. Take the multiplier amount (0.010746471%) and multiply it by the difference between the gross worldwide sales (\$65,000,000) and the base sales amount for tier five (\$50,000,000). Now add that to the base dues amount of \$39,585 to arrive at total dues owed of \$41,196.

FORMULA: \$39,585 + [0.010746471% x (\$65,000,000 - \$50,000,000)] = \$41,196

ADDITIONAL REPRESENTATIVES: Add _____ Representatives @ \$185 each for a total of \$ _____ + dues payment \$ _____ = \$ _____

MEMBERSHIP TIER	GROSS WORLDWIDE MEDICAL SALES	BASE DUES AMT.	MULTIPLIER	NUMBER OF CORPORATE REPRESENTATIVES
NEW COMPANY	\$0 up to \$400,000 and in existence for three years or less	\$565		5
SMALL COMPANY	Less than \$400,000 per year	\$845		5
TIER 1	\$400,000 – \$1,999,999	\$990	0.276869936%	10
TIER 2	\$2,000,000 – \$4,999,999	\$5,600	0.250899675%	16
TIER 3	\$5,000,000 – \$24,999,999	\$13,910	0.083583661%	21
TIER 4	\$25,000,000 – \$49,999,999	\$30,630	0.035821569%	27
TIER 5	\$50,000,000 – \$99,999,999	\$39,585	0.010746471%	30
TIER 6	\$100,000,000 – \$499,999,999	\$44,160	0.002388105%	35
TIER 7	\$500,000,000 – \$999,999,999	\$53,805	0.002113473%	39
TIER 8	\$1,000,000,000 – \$2,499,999,999	\$64,375	0.000537324%	46
TIER 9	\$2,500,000,000 – \$4,999,999,999	\$72,880	0.000370156%	51
TIER 10	\$5,000,000,000 – \$9,999,999,999	\$83,970	0.000321109%	Unlimited
TIER 11	\$10,000,000,000 – \$100,000,000,000	\$102,050	0.000319960%	Unlimited