



12154 Darnestown Rd #506 ♦ Gaithersburg, MD 20878-2206 ♦ (301) 828-1590 ♦ www.amsus.org

## AMSUS-SM Membership Application - TAX ID# 53-0029355

Company Name \_\_\_\_\_

Corporate Address \_\_\_\_\_

\_\_\_\_\_ Website URL \_\_\_\_\_

**Type of Business**  Bio-Pharma  Capital Equipment  Consulting Firm  Distribution/Trade  Diagnostic  IT  
 Med/Surg Supply  Medical Instruments  Pharmacy Services  Services  Other \_\_\_\_\_

We currently do business with the Federal Government?  Yes  No

I agree to uphold the Code of Ethics (<https://www.amsus.org/resources/amsus/amsus-sm-members/>)

### Primary Representative

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

### Alternate Representative

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

(Additional names can be added once application is approved.)

Please select at least 1 committee you would like to participate on:  VA  DHA/DoD  PHS  Legislative  Membership

### KEY MEMBER BENEFITS

- **Quarterly Meetings** - Networking with industry colleagues, invited federal/government presenters
- **Event Registration & Exhibit Discount** at AMSUS Annual Meeting and Regional Seminars
- **Networking & Collaboration Opportunities** with military, federal, and civilian peers

### Annual Membership Dues

Small Consulting Firm (SMCF) of 5 partners or less \$1,050

Small Business (SMSB) - 1000 or less employees \$1,575  Large Business (SMLB) - 1001 or more employees \$3,150

I learned about AMSUS SM Membership by:  AMSUS Staff  Colleague  Previous Employer  Other

Referred by: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

I will pay by check, please invoice me

Submit application & brief company description to Susan Bachenheimer: [Membership@amsus.org](mailto:Membership@amsus.org)