



# JAMES

Keeping Members Informed

PO Box 38 • Jackson, NJ 08527 • 732-503-5665  
www.jamesofnj.org

## GENERAL MEMBERSHIP APPLICATION

**GENERAL MEMBERSHIP CLASSIFICATION:** A PERSON OR ENTITY CURRENTLY ENGAGED IN THE RETAIL/WHOLESALE, RENTAL OR DISTRIBUTION OF ANY TYPE OF MEDICAL EQUIPMENT, PRODUCTS, SERVICES OR SUPPLIES FOR USE IN THE CARE AND TREATMENT OF PATIENTS. A REGULAR MEMBER SHALL HAVE FULL VOTING RIGHTS.

### COMPANY INFORMATION

COMPANY NAME (please print clearly on above line)

DOING BUSINESS AS

NAME OF COMPANY PRESIDENT OR CEO

EMAIL ADDRESS

NAME OF PRIMARY CONTACT FOR ASSOCIATION COMMUNICATION

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

**ARE YOU A SUBSIDIARY OF ANOTHER COMPANY?**  Yes  No

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

PARENT COMPANY NAME

NAME OF PRESIDENT OR CEO

ADDRESS OF PARENT COMPANY

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

**DO YOU HAVE ANY BRANCH LOCATIONS?**  Yes  No

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

BRANCH - COMPANY NAME

BRANCH MANAGER

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

E-MAIL

### **PLEASE SELECT TYPE OF BUSINESS:**

INDEPENDENTLY OWNED  REGIONAL CHAIN  NATIONAL CHAIN  PHARMACY

HOSPITAL BASED  NURSING HOME  HMO  OTHER: (Please specify) \_\_\_\_\_

### **PLEASE SELECT THE PRODUCT CATEGORIES THAT APPLY TO YOUR BUSINESS:**

DME  OXYGEN/RESPIRATORY  INFUSION  PHARMACY MEDICATIONS  PROSTHETICS/ORTHOTICS

MEDICAL SUPPLIES  REHABILITATION  OTHER: (Please specify) \_\_\_\_\_

**ARE YOU ACCREDITED?**  Yes  No

IF YES, PLEASE SELECT YOUR ACCREDITING ORGANIZATION:

- ACCREDITATION COMMISSION FOR HEALTHCARE (ACHC)  AMERICAN BOARD FOR CERTIFICATION IN ORTHOTICS AND PROSTHETICS
- BOARD FOR ORTHOTIST/PROSTHETIST CERTIFICATION  COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES
- COMMUNITY HEALTH ACCREDITATION PROGRAM (CHAP)  THE COMPLIANCE TEAM
- HEALTHCARE QUALITY ASSOCIATION ON ACCREDITATION (HQAA)  THE JOINT COMMISSION
- NATIONAL ASSOCIATION OF BOARDS OF PHARMACY  NATIONAL BOARD OF ACCREDITATION FOR ORTHOTIC SUPPLIERS

**GENERAL MEMBERSHIP DUES**

ANNUAL MEMBERSHIP DUES FOR GENERAL MEMBERS ARE \$1000. A QUARTERLY INSTALLMENT PAYMENT OPTION IS AVAILABLE. **A PAYMENT IN THE AMOUNT OF \$250 MUST ACCOMPANY ALL APPLICATIONS FOR GENERAL MEMBERSHIP.** APPLICATIONS FOR MEMBERSHIP ARE REVIEWED BY THE BOARD OF DIRECTORS ON A MONTHLY BASIS. ONCE THE APPLICATION FOR MEMBERSHIP IS REVIEWED, THE MEMBER WILL BE CONTACTED FOR PAYMENT OF THE REMAINING DUES BALANCE.

**PAYMENT**

- CHECK ENCLOSED  VISA  MASTERCARD  AMERICAN EXPRESS

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

ADDRESS OF CARDHOLDER \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**CERTIFICATION**

BY THE SIGNATURE AFFIXED BELOW, I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE JAMES CODE OF ETHICS AND AGREE TO CONDUCT MY BUSINESS IN ACCORDANCE WITH ITS PRINCIPLES. I ALSO UNDERSTAND THAT MY MEMBERSHIP IN JAMES MAY BE TERMINATED FOR FAILURE TO COMPLY WITH THE PRINCIPLES ENUMERATED IN THE CODE OF ETHICS.

**JAMES RESERVES THE FOLLOWING RIGHTS:** TO DENY ANY MEMBERSHIP APPLICATION; TO NOT RENEW A MEMBERSHIP; AND TO TERMINATE ANY MEMBERSHIP FOR THE CAUSE IN ACCORDANCE WITH THE PROCEDURES CONTAINED IN THE JAMES BYLAWS.

AUTHORIZED SIGNATURE OF APPLICANT:

\_\_\_\_\_

DATE: \_\_\_\_\_

**RETURN THIS FORM BY MAIL OR FAX:**

JAMES  
Attn: Membership  
PO BOX 38  
Jackson, NJ 08527

Phone 732.503.5665 Fax 732.833.2029

<b>Referred for Membership by:</b> _____
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<b>For Office Use</b> <b>Application Status:</b> _____ <b>Date:</b> _____
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