



# Membership Application Form

## Membership Types & Eligibility

Full Voting Membership is open to any medical education company (MEC) that meets the following definition:

- An entity (either for profit or not for profit) whose
  - primary business is the dissemination of the most current information on disease states, therapies, medical products and devices, and other pertinent medical practice topics to physicians and other health care professionals.
  - information is primarily delivered through continuing professional education activities, such as symposia or enduring materials. These activities are intended to confirm or change current medical practice and ultimately improve patient care. These activities may be supported by educational grants from pharmaceutical, biological, and/or device manufacturing companies, from other commercial entities, from government agencies, from foundations, or from subscription or registration fees.

Non-Voting membership categories include Individuals and Vendors/Consultants.

- Individual membership is open to an individual with a vested interest in the field of MECs such as a Medical Writer or other professional in the field.
- Vendors and Consultants should provide a product or service to MECs furthering their educational mission. They should be working with at least one MEC.

**Annual Dues** (January 1-December 31 [contact our office for prorated first year membership])

Full Voting Member- \$500.00 (USD), up to 8 members

Individual Member- \$200.00 (USD)

Vendor/Consultant- \$500.00 (USD)

The company or organization listed below hereby applies for Membership in the National Association of Medical Education Companies, Inc. (NAMEEC) as a (check one):

Full Voting Member  Individual Member  Vendor/Consultant  Is your company accredited? (Y/N)

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

Company Website: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of *Primary Contact* \_\_\_\_\_ Title / Certification \_\_\_\_\_

Email: \_\_\_\_\_ Twitter/Facebook (if available): \_\_\_\_\_

You may have up to 7 additional contacts (all contacts will be listed in the online directory and will have access to the member's only section of the website, [www.nameec-assn.org](http://www.nameec-assn.org). Please email the office ([info@nameec-assn.org](mailto:info@nameec-assn.org)) and we will load your contacts for you, or you may do so once you have your username/ password.

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Methods

A. Mail with check or money order in US Dollars to 3416 Primm Lane, Birmingham, AL 35216

B. Return form with credit card information to [info@namec-assn.org](mailto:info@namec-assn.org) or fax to 205-823-2760

C. Pay by credit card on the web site at [www.namec-assn.org](http://www.namec-assn.org)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Card Security Code: \_\_\_\_\_ Print Name as appears on card: \_\_\_\_\_

Mailing address associated with credit card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address for receipt \_\_\_\_\_

**NAMEC Tax ID Number: 52-2324366**

**E: [info@namec-assn.org](mailto:info@namec-assn.org)**

**P: 205-824-7612**