



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.
- 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)

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. Please email the office (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 or fax to 205-823-2760

C. Pay by credit card on the web site at 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

P: 205-824-7612