



5810 Highbury Street  
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**2021 MEMBERSHIP APPLICATION AND/OR RENEWAL**

**INVOICE**

The Home Medical Equipment Providers Association of BC (HMEPA) includes companies involved in the Home Medical Equipment industry in BC. Our mission is to benefit clients and health care providers by developing a spirit of cooperation and increased professionalism among Home Medical Equipment providers in British Columbia.

**There are two categories of membership: Dealer Membership and Associate Membership.**

**Dealer Membership:** Open to any business involved in or having an interest in Home Care and Home Medical Equipment sales and service in B.C. Incorporated and non-incorporated businesses may become members. Applicant shall have a significant portion of business focusing on retail provision of medical equipment.

**Associate Membership** may be granted to a company that is not a provider but is involved in the Home Medical Equipment field. Associate members include manufacturers, manufacturer’s agents and suppliers.

**All Applicants must agree to comply with HMEPA mission and bylaws. Applicants must subscribe to HMEPA’s code of ethics (available for review on HMEPA’s website [www.hmepea.ca](http://www.hmepea.ca) under Home / Organization & Objectives.**

Head Count	2021 Fees
1 - 14	\$400.00
15 - 49	\$995.00
50 - 99	\$3,000.00
100 +	\$3,500.00
Mfr/Distributor	\$475.00
Returning?	\$275.00

Head Count means the total number of company employees located in the province of BC.

‘Returning’ is a one-time offer for a company who is new to HMEPA or is returning after not being a member during the previous two or more years.

**Membership Fees:**

Home Medical Equipment Provider head count (all locations)	_____ =	\$ _____
or Associate Member (Manufacturer/Distributor)	\$475.00 =	\$ _____
or New or Returning member	\$275.00 =	\$ _____
Fees received @ HMEPA after March 31 – admin charge	\$50.00 =	\$ _____
+GST	5% GST =	\$ _____
<b>Total HMEPA membership fee</b>		<b>\$ _____</b>

Please make your membership application cheque payable to **Home Medical Equipment Providers Association of BC**  
 Mail to;

HMEPA  
 5810 Highbury Street  
 Vancouver, BC, V6N 1Z1

Paying via EFT? Bank#: 001 Branch#: 07240 Acct#: 1046 474 (BMO, Kerrisdale Branch, Vancouver, BC)

HMEPA does not accept payment by credit card.

**Please complete and return with your membership application**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children's Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**2nd Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children's Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**3rd Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children's Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**4th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children's Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**5th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children's Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**6th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children's Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**7th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**8th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**9th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**10th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**11th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**12th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**13th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**14th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		

**15th Location**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

I hereby declare that I understand and agree to abide by the HMEPA Bylaws and Code of Ethics.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

	Yes	No
Do you rent equipment from this location?		
Are you a listed contractor for the Medical Equipment Provincial Pool (MEPP)		
Are you a listed contractor for the Children’s Medical Equipment Distribution Service (CMEDS)		
Are you a listed contractor for the Provincial Service Contract?		