



2022 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 our allied health care colleagues by developing a spirit of cooperation and increased professionalism among Home Medical Equipment providers in British Columbia.

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

There are two categories of membership: Choose Provider (dealer) Membership or Associate (manufacturer/distributor) Membership.

PROVIDER MEMBERSHIP is available to any HME retail business involved in or having an interest in Home Medical Equipment sales and service in B.C. Incorporated and non-incorporated businesses may become members.

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

Provider membership dues are assessed based on your company’s total Head Count, meaning the total number of company employees located in the province of BC.

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

Provider (dealer) Membership Fees:

Home Medical Equipment Provider head count (all locations)	_____ =	\$ _____
or New / Returning member (not been a member in the last two years)	\$275.00 =	\$ _____
Fees received @ HMEPA after March 31 – admin charge	\$50.00 =	\$ _____
+GST	5% GST =	\$ _____
Total HMEPA Provider Membership fee		\$ _____

ASSOCIATE MEMBERSHIP is available to a manufacturer or distributor involved in supplying equipment used in the Home Medical Equipment industry.

Membership Fees:

Associate Member (Manufacturer/Distributor)	\$475.00 =	\$ <u>475.00</u>
Fees received @ HMEPA after March 31 – admin charge	\$50.00 =	\$ _____
+GST	5% GST =	\$ _____
Total HMEPA Associate Membership fee		\$ _____

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: _____

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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?		