



Big Sky Association of Medical Equipment Services  
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## Associate Member Application 2010

Please complete the membership application and return it along with your payment to the address listed above. Memberships are for the calendar year.

\_\_\_\_\_ \$1,000.00 Gold Associate Member Dues for Montana and Idaho  
\_\_\_\_\_ \$500.00 Silver Associate Member Dues for Montana or Idaho

**Gold Members:** Please complete both sections if contact will be different in each state.

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

Montana Contact Name: \_\_\_\_\_

Montana Contact address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Montana Contact Phone: \_\_\_\_\_

Montana Contact Email: \_\_\_\_\_

AND

Idaho Contact Name: \_\_\_\_\_

Idaho Contact address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Idaho Contact Phone: \_\_\_\_\_

Idaho Contact Email: \_\_\_\_\_

**Silver Members:** Only complete the section for the state that you are joining.

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

Montana Contact Name: \_\_\_\_\_

Montana Contact address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Montana Contact Phone: \_\_\_\_\_

Montana Contact Email: \_\_\_\_\_

OR

Idaho Contact Name: \_\_\_\_\_

Idaho Contact address: Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Idaho Contact Phone: \_\_\_\_\_

Idaho Contact Email: \_\_\_\_\_

Contributions or gifts to the Big Sky Association for Medical Equipment Services are not deductible as charitable contributions. However, dues may be deductible by members as an ordinary and necessary business expense.