



BIG SKY AMES REGULAR MEMBERSHIP APPLICATION

BIG SKY AMES, 425 3rd ST SW, Jamestown, ND 58401
PH: 701-320-8656 WWW.bigskyames.org Tax ID 810482367

COMPANY INFORMATION

Please complete ALL information and return with payment below:

Company: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Website: _____
Owner, CEO, GM: _____ Title: _____ Email: _____
Primary Contact: _____ Title: _____ Email: _____
Secondary Contact: _____ Title: _____

Type of Business: _____ Independent
_____ Hospital Based
_____ Pharmacy
_____ National
_____ Other

Accreditation: _____ ACHC
_____ CHAP
_____ Compliance Team
_____ HQAA
_____ Joint Commission
_____ Other

National Associations: _____ AAHC
_____ AARC
_____ NCART
_____ RESNA
_____ VGM
_____ Other

Product Lines: _____ DME _____ Respiratory _____ Pharmacy/Infusion _____ Medical Supplies
_____ Complex Rehab _____ O & P _____ Retail

DUES INFORMATION

Please select the state(s) you are joining in: _____ Montana _____ Idaho _____ Wyoming
_____ Total 1 State \$250.00 _____ Total 2 States: \$450.00 _____ Total 3 States \$650.00

To pay by credit card: Card#: _____ Exp: _____ CVV CODE: _____
Zip Code: _____ Amount Authorized \$ _____ Signature: _____

Email or mail the completed form with payment. An invoice will be sent to you showing your authorized payment.
**To pay by check: Complete this form. Make a copy for your records, and mail this form with payment to:
Big Sky AMES 425 3rd ST SW Jamestown ND, 58401

Thank You for becoming a Big Sky Association Member!