

# Medical Equipment & Technology Association Membership Application



Please complete this application and send by mail with your membership dues to:

META  
Membership Committee  
220 S Business Park Dr Suite A-1  
Oostburg, WI 53070

- \* Please make checks payable to Medical Equipment & Technology Association.
- \* If applying for a student membership, fill in your school as Additional Contact Information below.

Membership Category:

- Individual       Associate       Student

Applicant:

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

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Preferred Contact Information:

Location:     Work       Home

Hospital/Co Name: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Additional Contact Information:

Location:     Work       Home       School

Hospital/Co Name: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_