



CALIFORNIA MEDICAL INSTRUMENTATION ASSOCIATION www.CMIA.org

Membership Application/Renewal by Mail

Mail completed application by with your membership dues payable to: C.M.I.A.
Statewide, Bay Area, Capitol, LA & San Diego payments are also online at cmia.org

Date ___/___/___ [] New Member [] Renewal

CHAPTER Mail STATEWIDE CORPORATE application & check to: P.O. Box 2265, Del Mar, CA 92014
Please check the ONE Chapter that you wish to be a member of. Mail completed application, with check to that address

- [] BAY AREA 3000 Danville Bl., Ste. F, PMB 229 Alamo, CA 94507
[] INLAND EMPIRE 9330 Jersey Blvd. Rancho Cucamonga, CA 91730
[] ORANGE COUNTY 5405 Alton Parkway Suite 5-A #806 Irvine, CA 92604
[] CAPITOL REGION PO Box 13733 Sacramento, CA 95853
[] LOS ANGELES P.O. Box 8113 Mission Hills, CA 91346
[] SAN DIEGO P.O. Box 2265 Del Mar, CA 92014-1565
[] CENTRAL COASTAL P.O. Box 360 Camarillo, CA 93010
[] NORTHERN CALIFORNIA P.O. Box 577 Lakeport, CA 95453

MEMBERSHIP TYPE

See Constitution posted on www.CMIA.org for descriptions. Membership applications are subject to approval

- [] Associate \$15.00 [] Military ** [] Individual \$25.00 [] Chapter Corporate* \$150.00 [] Statewide Corporate* \$375.00

* In addition to this membership, add an additional one time charitable contribution of \$50.00 to the Frank Yip Memorial Scholarship Fund.
** Active Military membership is FREE, complete this form and mail to your local chapter with a copy of your Military ID

APPLICANT/MEMBER

Name: _____
Job Title: _____
Employer/School: _____

CONTACT INFORMATION

Location: [] Work [] Home [] School [] Use this address for Corporate invoicing
Hospital/Company: _____
Department/Mail Stop: _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____
Phone Number: _____ Fax Number: _____

ALTERNATE CONTACT INFORMATION

Location: [] Work [] Home [] School [] Use this address for Corporate invoicing
Hospital/Company: _____
Department/Mail Stop: _____
Address: _____
City, State, Zip: _____
E-Mail Address: _____
Phone Number: _____ Fax Number: _____

For Membership Committee Only

[] Approved [] Rejected Date: ___/___/___ [] Membership kit sent: ___/___/___

California Medical Instrumentation Association
Board of Directors - 915 "L" Street, PMB C136 - Sacramento, CA. 95814
WWW.CMIA.ORG