



CALIFORNIA MEDICAL INSTRUMENTATION ASSOCIATION



Membership Application/Renewal

Send this completed application by mail with your membership dues payable
to: **C.M.I.A.**

C.M.I.A.

C.M.I.A.

Date ___/___/___ **New Member** **Renewal**

CHAPTER

Please check the ONE Chapter that you wish to be a member of. Mail completed application, with check to that address

LOS ANGELES

P.O. Box 8113
Mission Hills, CA 91346

INLAND

P.O. Box 2
Loma Linda, CA 92354

BAY AREA

2425B Channing Way, PMB 453
Berkeley, CA 94704

CENTRAL COASTAL

P.O. Box 360
Camarillo, CA 93011-0360

CAPITOL REGION

PO Box 60747
Sacramento, CA 95860

CENTRAL VALLEY

2400 Coffee Rd Suite I, PMB #14
Modesto, CA 95355

NORTHERN CALIFORNIA

P.O. Box 577
Lakeport, CA 95453

SAN DIEGO

P.O. Box 2265
Del Mar, CA 92014-1565

MEMBERSHIP TYPE

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

Associate
\$15.00

Individual
\$25.00

Corporate*
\$150.00

Statewide Corporate*
\$300.00

* In addition to this membership, add an additional one time **charitable contribution** of \$50.00 to the **Frank Yip Memorial Scholarship Fund**.

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