



Association of Medical Device Service Organizations

Membership Application

Name of Organization _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Main Phone _____

Website _____

Does your company manufacture reusable medical devices?	Yes	No
If yes, do you provide service or repair for reusable medical devices you did not originally manufacture?	Yes	No

Does your company have a quality management system that is substantially compliant with an international standard e.g. ISO 9001, 13485? If yes, please include certification document?	Yes	No
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Do you agree to support and abide by the AMDSO Mission Statement and Bylaws?	Yes	No
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Do you agree to work with the government bodies that enforce laws and regulations that apply to the devices serviced by its members?	Yes	No
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Do you agree to maintain substantial compliance with applicable governmental laws and regulations?	Yes	No
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I understand that to become a member of AMDSO, this application needs to be approved by the AMDSO Board of Directors and that my company needs to execute a dues agreement which provides for monthly dues and an initial assessment per the AMDSO Bylaws.

Annual Revenue

0-10 Million 10-25 Million 25-75 Million 75+ Million

Signature _____ Date _____