

Customer Service



Built Our Business

TO: Advantage/Amerinet Contracted Vendors
FROM: Jodi Dub, Capital Equipment/Convention Coordinator
SUBJECT: **2010 ASSOCIATE MEMBERSHIP**

Any vendor either contracted with Amerinet or directly with Advantage Healthcare Net is eligible for an "Advantage Associate Membership" upon completion of the enclosed Associate Membership Application and approval by the Vice-President of Advantage Healthcare Net.

Please see the Membership Privileges listed below and if your company is interested in taking advantage of this opportunity, fill out the enclosed "Associate Membership Application" form and return it with your payment to Jodi at the Advantage office. We have offered this service for many years and hope many of you will renew/subscribe to this valuable service.

Typically Associate Memberships have a January 1 start date each year but we pro-rate memberships at \$30/month for vendors who would like to join throughout the year.

MEMBERSHIP PRIVILEGES:

- 1.) Complimentary sponsorship in the "Advantage News" (3 issues) April, August & December, 2010 (electronic)
- 2.) Monthly Advantage "Vendor Notification" which advises vendors of membership changes prior to Amerinet notification (beginning January 1, 2010)
- 3.) Quarterly Advantage "Membership Listing" (January, April, July, October 2010) (Also available upon request via e-mail in an Excel spreadsheet)
- 4.) Advantage "Mailing Labels" upon request (maximum 1 set/quarter)
- 5.) "\$50.00" discount on booth registration fee at our annual convention and trade show, "UPDATE 2010" provided booth space is still available

The Associate Membership year runs from January 1 - December 31, 2010. Vendors will be given the opportunity to renew/cancel annually at that time. Dues will be \$360.00 per year which amounts to \$30.00/month.

/jd
Enclosure

"Customer Service"



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2010 ADVANTAGE HEALTHCARE NET ASSOCIATE MEMBERSHIP APPLICATION

NEW _____ RENEWAL _____ DATE: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

TELEPHONE: _____ FAX: _____

ADVANTAGE/AMERINET PRODUCTS OR SERVICES (please type or print how you would like the information listed in the Advantage newsletter) _____

CONTACT PERSON: _____ SIGNATURE: _____

(Please type or print)

TITLE: _____

E-MAIL ADDRESS: _____

DUES

DUES IN THE AMOUNT OF \$360 (\$30/MONTH) FOR AN ASSOCIATE MEMBERSHIP ARE COLLECTED ANNUALLY. THE MEMBERSHIP YEAR RUNS FROM JANUARY 1 - DECEMBER 31, 2010. AT THAT TIME, YOU WILL BE GIVEN THE OPPORTUNITY TO RENEW/CANCEL YOUR MEMBERSHIP. A CHECK/MONEY ORDER MUST BE INCLUDED WITH THIS APPLICATION FORM.

FOR ADVANTAGE USE ONLY

MEMBERSHIP APPROVED: _____

MEMBERSHIP NOT APPROVED: _____

BY: _____
Vice-President/Chief Operating Officer

DATE: _____