



Maritime Home Medical Providers Association
Association Des Distributeurs Medicaux Des Maritimes

ASSOCIATE MEMBERSHIP APPLICATION

Member Name: _____
Address: _____
City: _____
Province: _____
Postal: _____

Contact Person: _____
Phone Number: _____
Fax Number: _____
Email: _____
Website Address: _____

MHMPA Mission

The Maritime Home Medical Providers Association (MHMPA) is committed to developing a spirit of cooperation and increased professionalism among Home Medical Equipment Providers in the Maritime provinces.

Our Goals

- To inform our members of current activities, regulations and trends and act in their collective best interest
- To educate government, health stakeholders and the public about the work we do
- To promote fair minded and responsible business practice
- To promote the employment of knowledgeable and well-trained professionals
- To promote the health and safety of the customers our member companies serve
- To promote optimum patient care and management
- To be a collective voice for the Home Medical Equipment Providers Community

Membership Benefits

- Free advertising in the annual MHMPA Newsletter / Brochure
- No cost to attend the annual AHRP Education Day conference

Membership Dues – \$500.00 renewed annually as of 1 April.

This application will be reviewed by the Executive of the MHMPA at the next regular Board meeting.

Authorized Signature: _____ Date: _____

Please return to the MHMPA Office

Fax: 902-425-2441

Email: info@mhmpa.ca