

## Maritime Home Medical Providers Association Association Des Distributeurs Medicaux Des Maritimes

## MHMPA MEMBERSHIP APPLICATION

## New Application / Renewal (please circle)

	Member Name:	Contact Person:	
	Address:	Phone Number:	
		Fax Number:	
	City:	Email:	
	Postal Code:	Website Address:	
The follo	owing is a list of criteria that companies r	nust meet to be considered a member of MHMPA:	
1.		scretion of the member, but at the minimum must be 35 hours per week during ween 8:00 am to 6:00 pm). Longer hours are at the discretion of the individuals	
2.	All members must operate their business with ethics and integrity, utilizing and subscribing to generally accepted business practices within this industry, and complying with all local, provincial, and federal laws.		
3.	All members of the Association must maintain a inventory to adequately service and trial the product categories that they sell.		
4.	All members of the Association must have both full-time sales and service technicians; of which at least one individual must be National Registry of Rehabilitation Technology Suppliers (NRRTS) Certified.		
5.	Technicians and staff must have and maintain manufacturer training to keep abreast of the latest technologies being employed in the repair and maintenance of power equipment and other systems.		
6.	All members of the Association must have a commitment to the Home Care / Rehab markets. This commitment is established by having open accounts with at least three Association recognized manufacturers / companies.		
7.	All members of the Association must hold a Medical Devices Establishment License (MDEL), or be exempted, as set forth by the Federal Government, which establishes policies and procedures for the importation, sale and recall of Medical Devices within Canada.		
8.	All members must carry, as a minimum,	five (\$5) million dollars liability insurance.	
9.		tion must have their business in operation and open to the public, under their 2 months prior to making application to join the Association.	
10.	Membership dues – \$1500.00 Due Octo	per 1 annually	
-	•	utive of MHMPA at the next regular meeting. All criteria shall be met, or vided, to be considered as a new member of MHMPA.	
Authorized Signature: Date:		Date:	

Please return to the MHMPA Office

info@mhmpa.ca

Fax: (902) 425-2441