

Baltimore Medical Engineers and Technician Society
(BMETS)
Application for Corporate Membership - YEAR _____

Membership is \$55.00 for each individual.
www.bmets.org/

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Facility: _____

Business Phone: (____) _____ Fax Number: (____) _____

Our corporation is donating \$ _____ to the BMETS Scholarship Fund.
May we provide member's email addresses to our sponsors? ___ Yes ___ No

1) Name of individual: _____ Email Address: _____

Job Title or Position: _____

Publish info to BMETS Directory? ___ Yes ___ No willing to serve as: ___ BMETS Officer? ___ Committee Member?

Signed: _____ Dated: _____

2) Name of individual: _____ Email Address: _____

Job Title or Position: _____

Publish info to BMETS Directory? ___ Yes ___ No willing to serve as: ___ BMETS Officer? ___ Committee Member?

Signed: _____ Dated: _____

3) Name of individual: _____ Email Address: _____

Job Title or Position: _____

Publish info to BMETS Directory? ___ Yes ___ No willing to serve as: ___ BMETS Officer? ___ Committee Member?

Signed: _____ Dated: _____

4) Name of individual: _____ Email Address: _____

Job Title or Position: _____

Publish info to BMETS Directory? ___ Yes ___ No willing to serve as: ___ BMETS Officer? ___ Committee Member?

Signed: _____ Dated: _____

5) Name of individual: _____ Email Address: _____

Job Title or Position: _____

Publish info to BMETS Directory? ___ Yes ___ No willing to serve as: ___ BMETS Officer? ___ Committee Member?

Signed: _____ Dated: _____

Mail to: Walt Scowden, BMETS, 3702 Misty Valley Court, Abingdon, MD 21009

Note: The individual Membership is a separate membership form located at www.BMETS.org
Newsletters are sent in an email format only. (Make sure your email is entered above.)

*Your application is subject to acceptance by the Membership Committee.

Reserved for BMETS use (do not write in this area)		
Amount Received:	Form of Payment: CASH / CHECK	Date: