



C.M.I.A.

# CALIFORNIA MEDICAL INSTRUMENTATION ASSOCIATION

## Membership Application/Renewal

Send this completed application by mail with your membership dues payable  
to: C.M.I.A.



C.M.I.A.

Date \_\_\_/\_\_\_/\_\_\_  New Member  Renewal

### CHAPTER

Please check the ONE Chapter that you wish to be a member of. Mail completed application, with check to that address

**LOS ANGELES**

P.O. Box 8113  
Mission Hills, CA 91346

**CENTRAL COASTAL**

P.O. Box 360  
Camarillo, CA 93011-0360

**NORTHERN CALIFORNIA**

P.O. Box 577  
Lakeport, CA 95453

**INLAND**

P.O. Box 2  
Loma Linda, CA 92354

**CAPITOL REGION**

PO Box 60747  
Sacramento, CA 95860

**SAN DIEGO**

P.O. Box 2265  
Del Mar, CA 92014-1565

**BAY AREA**

2425B Channing Way, PMB 453  
Berkeley, CA 94704

**CENTRAL VALLEY**

2400 Coffee Rd Suite I, PMB #14  
Modesto, CA 95355

### MEMBERSHIP TYPE Mail Corp. Membership Checks/Applications to San Diego

See Constitution posted on [www.CMIA.org](http://www.CMIA.org) for descriptions. Membership applications are subject to approval

Associate  
\$15.00

Individual  
\$25.00

Corporate\*  
\$150.00

Statewide Corporate\*  
\$300.00

\* In addition to this membership, add an additional one time charitable contribution of \$50.00 to the Frank Yip Memorial Scholarship Fund.

### APPLICANT/MEMBER

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer/School: \_\_\_\_\_

### CONTACT INFORMATION

Location:  Work  Home  School  Use this address for Corporate invoicing

Hospital/Company: \_\_\_\_\_

Department/Mail Stop: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### ALTERNATE CONTACT INFORMATION

Location:  Work  Home  School  Use this address for Corporate invoicing

Hospital/Company: \_\_\_\_\_

Department/Mail Stop: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### For Membership Committee Only

Approved

Rejected

Date: \_\_\_/\_\_\_/\_\_\_

Membership kit sent: \_\_\_/\_\_\_/\_\_\_

California Medical Instrumentation Association  
Board of Directors - 915 "L" Street, PMB C136 - Sacramento, CA. 95814

WWW.CMIA.ORG