



OMEPA MEMBERSHIP APPLICATION For DME PROVIDERS

New Application or Renewal
For renewal, please submit new or additional changes

Today's Date: _____ Enrollment Year: _____

Company Name: _____

Contact Person: _____ Title: _____

This person(s) will receive all outgoing mail, invoices and responsible for membership decisions. (You may add more names by using the back).

Physical Address: _____

City, State & Zip: _____

P.O. Box, City, State & Zip: _____
(Optional - will be used as address for receiving mail, if provided)

Business Phone # _____ Mobile # _____ Fax # _____

Email Address: _____ # of Employees: _____ # of Locations in the State: _____

Accrediting Organization: _____ First year Accredited: _____

Accrediting in what field(s): _____

Type of Business: Free Standing DME Hospital Based Home Health Hospice Nat'l Chain Pharmacy Other

Do you bill insurance? Yes, Check 1 or more, Medicare Medicaid Private Insurance or No, Retail Only

Product Lines (check all that apply):

<input type="checkbox"/> CPAP & BiPAP	<input type="checkbox"/> Diabetic Supplies	<input type="checkbox"/> Diabetic Shoes	<input type="checkbox"/> Bent Metal DME
<input type="checkbox"/> Incontinence Supplies	<input type="checkbox"/> IV / PEN	<input type="checkbox"/> Mastectomy	<input type="checkbox"/> Orthotics / Prosthetics
<input type="checkbox"/> Oxygen	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Power Mobility	<input type="checkbox"/> Complex Rehab
<input type="checkbox"/> Retail	<input type="checkbox"/> TENS / EMD	<input type="checkbox"/> Ostomy	<input type="checkbox"/> Infusion
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Enteral	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Other _____

Are you a member of any other state, regional, or national association? (check all that apply)
 AAHomecare MESA PPOK NSM Respiratory Association The Med Group VGM Other _____

Would you or members of your group like to volunteer in serving on an OMEPA Committee? Yes or No
 If yes, list names & email addresses: _____

OMEPA is a member-driven organization. Annual membership dues per year are \$400.00 per DME company and \$100.00 for each additional store location and all applications are up for renewal on January 1st of each year. For submitting new or renewing applications or questions; Please mail them to OMEPA Office of Treasurer, Att: Randy Taylor at 2262 S. Troost Ave., Tulsa, OK 74114-1348. Questions, call Randy Taylor (918) 260-8075 or Larry Dalton at (580) 931-6226. **Beginning 01/01/2019 all vendors, suppliers, manufacturers or other associations seeking membership with OMEPA, must select an option of support by using OMEPA support application for Vendor/Manufacturer/Other Affiliation.**

Application Signature: _____, Date: _____

Print Signature Name: _____

Source of Payment: Cash or check, Credit card payment, Other _____