

N.C.B.A. MEMBERSHIP APPLICATION

Type of Application being applied for:

Individual _____ \$50.⁰⁰
Associate _____ \$25.⁰⁰
Student _____ \$8.⁰⁰
Corporate _____ \$400.⁰⁰
Institution _____ \$100.⁰⁰

[Half-price after July 1st]

On-line credit card or PayPal payments available at
www.ncbiomedassoc.com/bill_center.htm

Mail Application to:

North Carolina
Biomedical Association
7474 Creedmoor Road, PMB 196
Raleigh, NC 27613-1665
Ph: 919-688-6890
Federal Tax ID # 58-1474079

[Please type or print all information]

Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Employer: _____

Facility: (If different from above) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Position or Title _____ Department _____

Immediate Supervisor & Title _____

Describe in full your job functions & responsibilities: _____

References — Please List three health care professionals who have knowledge of your experience:

Name	Address	Phone No.	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Complete only those items in this section necessary to establish compliance with the criteria for the appropriate membership category.

Are you a certified BMET? Yes ___ No ___ Type Certification _____

If Yes, list certifying organization _____ Date _____

If you are a member of other professional organizations, please list _____

Education

Name	Course/Program	Degree	Dates
1.	_____	_____	_____
2.	_____	_____	_____

Practical Experience

Employer	Position/Title	Dates
1.	_____	_____
2.	_____	_____
3.	_____	_____

Use additional paper or attachments as needed

Membership Categories

Individual — Those persons whose prime responsibility lies in the selection, operation, repair and support of biomedical instrumentation in health care facilities. They shall have:

- At least an Associate Degree in Biomedical Engineering Technology, or equivalent military experience, or
- At least an Associate Degree in Electronics Engineering and one [1] year of experience in the support of biomedical instrumentation in health care facilities, or
- At least three [3] years experience in the support of biomedical instrumentation in health care facilities, or
- At least a Certification of Completion from the North Carolina Department of Labor, Apprenticeship Division as approved by the NCBA Apprenticeship Committee, or
- Employment as Faculty, Professional Staff and/or Administration in education or health care institutions furthering knowledge in disciplines pertinent to the NCBA

Associate — Those persons employed by an institution, corporation or other organization involved in the health care field who do not meet the requirements for an individual membership shall be eligible for associate membership. The associate member shall have no vote.

Student — Those persons studying the disciplines pertinent to the NCBA. The student member shall have no vote.

Corporate — Those companies or business organizations which manufacture, sell, service or otherwise support medical instrumentation or facilities. Corporate members shall have no vote.

Institution — Those institutes which aid in the support of the NCBA and/or its membership. These memberships shall be assigned categories or membership according to the applicant's qualifications. The institution as such shall have no vote.