



Group Purchasing Alliance - Membership Application and Enrollment Form

Please fill out and Fax to: 800-836-4644

Date Completed _____
Facility Name _____
Facility Director _____
Telephone _____ Fax _____
Legal Address _____
City _____ County _____ State _____ Zip _____

How do you prefer to be contacted? Phone FAX E-Mail (must supply e-mail address below)

E-Mail Address (optional - by supplying this you agree to receive periodic updates from GPA) _____

Which program(s) would you like more information on? Credit/Financing Programs Collections
Med/surg Pharmaceutical Suture Medical Technology Used Equipment

Are you a current customer of one of our vendor partners? (Please provide your account number-if you know it)

Office Depot / Tech Depot - account # I lost my account number

Are you interested in updating any medical technology software solutions for your practice? Yes No

If yes, which ones? _____

Are you a member of any of the following? HNA OPNS Other _____

How did you hear about GPA? _____

Principals: Owner/ Partner/Officer _____

Office Manager _____

Names of Other Physicians using facility _____

Name of person responsible for purchasing/ordering Office Supplies _____

Name of person responsible for purchasing/ordering Med/Surg Supplies _____

Signing this does NOT obligate you to purchase anything under our contracts.

By signing this form you understand and agree that you are authorizing GPA to act as a purchasing agent/ broker on behalf of your facility. The goal of this arrangement is is to allow GPA members to join together to leverage purchasing strength in order to purchase goods and services at lower prices. Please refer to our Terms of Use Disclosure & Agreement for a further explanation regarding our role and obligations at

www.GroupPurchasingAlliance.com/terms.htm

Signature (required) _____ Date _____