



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? \_\_\_\_\_

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 \_\_\_\_\_

