

Membership Request Form
For the MMS Buying Group Contract
(Note: May take up to 30 days to be linked to contract)

Practice Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

Email: _____

Tax ID: _____

Preferred Distributor: _____

I understand the terms and conditions, and I want to join the MMS Buying Group.

Printed Name: _____

Signature: _____

Date: _____

DEA #: _____