

Ability Members Group Application

Thank you for your interest in becoming a member of Ability Members Group Inc. Please fill out the following information to get started with the application process. All applications will be reviewed by our Membership team and applicants will be contacted to discuss their membership qualifications.

Contact Information

First Name: _____ Last Name: _____
Phone: _____ Fax: _____ Mobile: _____
Title: _____ Email: _____

Company Information

Company: _____
Address: _____
City: _____ Province: _____ Postal code: _____
Website: _____

Annual Revenue: _____ Employees: _____
Year Founded: _____ Fiscal Year End _____

Please indicate percentage of your business in each of the following categories:

Traditional HME: _____ % Rehab & Assistive Technology: _____ % Respiratory Services: _____ %
Supplies: _____ % Pharmaceutical Services: _____ % Other: _____ %

Please indicate your top 5 suppliers and purchasing volume in dollars for each of these suppliers:

Supplier 1: _____ Volume: \$ _____
Supplier 2: _____ Volume: \$ _____
Supplier 3: _____ Volume: \$ _____
Supplier 4: _____ Volume: \$ _____
Supplier 5: _____ Volume: \$ _____

Are accounts payables current with suppliers Yes No

Are you a member of any other buying group Yes No

PO Box 81061 • Lake Bonavista • Calgary AB T2J 7C9
ph: 403.903.3311 • info@abilitymembers.com



Acknowledgement of Confidentiality;

I will hold all information in any form regarding Ability Members Group Inc. business opportunity as confidential and will use this information solely for the purpose of evaluating my interest in the business opportunity and exercising my due diligence in evaluating the merits of the opportunity:

I will not disclose to anyone any information which Ability Members Group Inc. reveals to me regarding its business opportunity without first obtaining its written permission;

By signing this application I agree that Ability Members Group Inc. may investigate any information provided. I further authorize the release and verification of credit records.

Your Company

per X _____

Please scan and email to info@abilitymembers.com
or mail to:
Ability Members Group
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