

MEMBERSHIP APPLICATION FORM

Membership is annual (Oct 1st – Sept 31st) and with the company. All applications are subject to review by a membership review committee who will notify the applicant if approved. Additional information may be requested.

COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ WEBSITE: _____

PRIMARY CONTACT

The person with voting privileges for the company and who receives invoices and all official correspondence.

NAME: _____ TITLE: _____

TELEPHONE: _____ EMAIL: _____

MEMBER CATEGORY

- | | |
|--|-----------------------|
| <input type="checkbox"/> Independent Retailer | \$ 475 (+ GST / HST) |
| <input type="checkbox"/> Not-for-Profit / Association | \$1,000 (+ GST / HST) |
| <input type="checkbox"/> Less than \$15 Million annual sales | \$2,000 (+ GST / HST) |
| <input type="checkbox"/> \$15 Million and over annual sales | \$7,000 (+ GST / HST) |

CORPORATE PROFILE

Industry Segment

- | | |
|---|---|
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Independent Retailer |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Service Provider (Please specify): _____ |
| <input type="checkbox"/> Not-for-Profit / Association | |

Company Focus (check all that apply)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Mobility | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Enteral Feeding Supplies | <input type="checkbox"/> Orthotics | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Prosthetics | |
| <input type="checkbox"/> Home Infusion | <input type="checkbox"/> Respiratory | |

PAYMENT INFORMATION (HST # 871858346)

- Cheque (Payable to **Canadian Assistive Devices Association**) Visa MasterCard American Express

Credit Card Number _____ Expiry _____ 3 Digit Security # _____

Credit Card Holder _____ Authorized Signature _____

- I acknowledge the information provided is correct and agree to abide by the CADA Code of Conduct (on next page).

Signature _____

Goal of the CADA Code of Conduct

The Canadian Assistive Devices Association (CADA) represents Canada's manufacturers, distributors and vendors of assistive devices and supplies. The products include items such as wheelchairs, walkers, incontinence products, hearing aids, masks, gloves, portable oxygen supply devices, patient transfer systems, enteral feeding devices, prosthetics and orthotics.

CADA's mission is to enhance independence through the provision of assistive devices to Canadians with disabilities. CADA believes that access to high quality healthcare technology is critical to improving the independence of Canadians. In pursuing this mission CADA members recognize that adherence to ethical standards and compliance with applicable laws is essential. CADA requires its members and their staff maintain ethical business practices and are socially responsible related to the conduct of their business.

Members of CADA also respect the obligation of Healthcare Professionals to make independent choices regarding products that are in the best interests of their clients. CADA members must meet all applicable Health Canada regulations. All members selling assistive devices in Canada must have applicable Health Canada Medical Device Licenses.

Each member company must ensure that all products sold in Canada meet all applicable Canadian Standards Association (CSA) regulations. Each member company must honour their product warranties. All members must provide their provincial assistive devices programs with product recall information and other relevant public announcements when there is a significant issue with a medical device they have sold. Member companies must also notify provincial assistive device programs of any significant product changes to any listed products including the discontinuation of product lines. All member companies will distribute their products through dealers that are fully capable of providing appropriate services to the products' users.

Research and Education

CADA members support research, education and development of professional skills that enhance patient safety and improved quality of care.

Safe and Effective Use of Assistive Devices

The safe and effective use of assistive devices requires members to offer Healthcare Professionals appropriate instruction, education, training, service and technological support. Member companies shall encourage ethical business practices and socially responsible industry conduct and shall not use any unlawful inducement to sell, lease, recommend or arrange for the sale, lease, or prescription of their products.

Sponsored Product Training and Education

CADA recognizes the importance of providing Healthcare Professionals with continuing education and training. CADA members will ensure that the primary purpose of any education program is to address the education and training needs of the Healthcare Professional. Any hospitality extended should be modest in value, and emphasize the educational component of the program. Activities primarily promotional in nature should not be considered educational programs.

Programs and events should be conducted in clinical, educational, conference or other appropriate settings. All trainers should have appropriate qualifications and expertise. Member companies may pay for reasonable travel, lodging and hospitality costs incurred by attending Healthcare Professionals, but it is not appropriate to pay for guests of Healthcare Professionals or any other person who does not have a bona fide professional interest in the information being shared at the meeting.

Gifts

Staff from Member Companies may occasionally provide modest gifts to Healthcare Professionals. Other than the gift of literature, textbooks or anatomical models used for educational purposes, any gift should have a fair market value of less than \$100. Member Companies may give Healthcare Professionals promotional items of minimal value related to the Healthcare Professional's work or for the benefit of patients. Gifts may not be given in the form of cash or cash equivalents. Member Companies may also provide appropriate sample products for use in product evaluation.

Grants and Other Charitable Donations

Members may make charitable donations for the purpose of supporting activities for the advancement of clinical education, patient education, public education, improvement of healthcare delivery and increased patient access or the sponsorship of events where proceeds are intended for charitable purposes.

Donations should be made only to organizations or individuals engaged in genuine charitable missions. It is not appropriate for members to make donations for the purpose of unlawfully inducing Healthcare Professionals to purchase, lease, recommend, use, or arrange for the purchase, lease or prescription of member's products. All donations should be appropriately documented.