



AMO Will:

- Represent your company at tradeshows.
- Highlight your business on our online directory.
- Partner in **Referral Generation** for your business.

Chapter Name (Your County)	Email Address
Applicants Name	Business #
Business Name	Cell #
Business Address	Fax #
Category Applying For	Website Address
Describe your product or service. Be specific	Sponsors Name (If Applicable)

Part I *(Please read carefully)*

APPLICATION PROCESS

- There is a \$175 joining fee and monthly dues of either \$29 or \$19 a month depending on whether or not you fit the category of primary or associate member. With the \$175 joining fee, \$100 goes to application and processing fees and the approval of the applicant as a member of AMO experts, \$75 is a yearly membership fee. The monthly dues are used to promote AMO (through that, your firm) to doctors, hospitals and their administrators to drive more work to all our members. The money collected from your team's monthly dues can be used by your team on advertising, tradeshow attendance or anything else you might

think of to promote your businesses.

- Primary Membership applies to what a doctor absolutely needs for their facility
- Associate Membership applies to what a doctor should use but doesn't have to have

- **After Approval** If you are approved you will receive a welcome aboard email instructing you on your next steps, logo's, text, sales promos, web banners etc... Remember, the graphics team needs these things as quickly as possible to put on the webpage (**We cannot put anything on to the web until we have your logo and the 30-50 word description or message to the doctors**). There is also a 7 day deadline to have this completed. However the sooner you return this, the sooner the Healthcare Industry will be able to tap into your services as an AMO approved vendor.
- Upon approval, the Corporate Office notifies the Chapter President. You are inserted in your team and introductions are made to entire team via the team's roster with all of the current members and contact information.
- The Chapter President announces successful applicants at the chapters' next meeting following acceptance by the Corporate Office.

Part II (Please answer all questions)

- Your Current Title:

- Your Duties: (be specific)

- Your Time in Current Position:

- Your Relevant Experience: (be specific)

- Your Education Background in Field/Occupation:

- Your Degree(s):

- Licenses or Credentials required to perform in Field/Occupation: (be specific)

Part III

- Is the occupation under which you are applying for membership your full time occupation? _____

- Is there an individual in your company who would be willing and able to attend meetings on your behalf, or a Doctor or Practice Manager attend for you should you be unable to attend? _____ Name _____

- What do you expect to contribute to this chapter?

- What is your ability to turn in qualified referrals to other team members?

- Have you ever been convicted of a felony? _____

- Have you ever been sanctioned by the Government for bid rigging or other unethical conduct as defined by Federal Acquisition Regulations. _____

- Have you ever had any unresolved complaints with the Better Business Bureau or against your license? _____ If so, please explain.

Code of Ethics

Upon acceptance to AMO, I agree to abide by the following Code of Ethics during the tenure of my participation in the organization.

- I will uphold the ethical standards of my profession.
- I will take responsibility for following through with my referrals.
- I will be truthful with the members about my actions.
- I will build goodwill and trust among members of the organization.
- I will provide the quality of services at the prices I have quoted.
- I will meet with other members at their offices at least once.

Professional standards outlined in a formal code of conduct for any profession supersede the above standards.

TERMS:

Arbitration. All disputes arising out of or related to this Agreement or the member's participation in AMO in any capacity or role shall be resolved by binding arbitration in accordance with the laws of the State where the applicant's AMO Chapter is located. The Arbitration shall be subject to the Rules of the American Arbitration Association. This clause encompasses any and all disputes involving AMO, its franchisee, and their officers, directors, agents and assigns.

Limitations on Liability. Notwithstanding any other provision of the Agreement, any liability to you involving AMO, its franchisee, and their officers, directors, agents and assigns for any cause whatsoever arising out of, or related to, this Agreement and/or membership or participation in AMO, and regardless of the form of the action, will at all times be limited to the amount of annual dues paid by you for the membership in AMO. Except in jurisdictions where such provisions are restricted, in no event will there be any liability to you or any third person for any indirect, consequential, exemplary, incidental, special or punitive damages.

LUNCHEON MEETING ATTENDANCE

A member shall not have more than one unexcused meeting absence per six month period. Failure to adhere to this policy may result in forfeiting their businesses participation in the AMO Expert network. However, if extenuating circumstances occur, the President can grant an excused absence. Appropriate excuses are for occurrences that you would be excused from work for like: illness, deaths, family illness, car wrecks, unavoidable emergencies at work, etc. It is required that all members who will not attend shall notify their corresponding Chapter President, Vice President, or Treasurer. Further, if a member plans to be late to the meeting, a phone call should be made to a member or the restaurant where the meeting is being held. Any member is allowed to send one substitute in their place as a representative of their business. The substitute should be a partner or employee of the members firm, or someone well-versed in the members business, and capable of receiving and giving out referrals or a practicing Doctor. Two substitutions shall be allowed per six month period, but is not encouraged. Meetings shall be held as scheduled. Meeting agenda is determined by each individual group but is tailored to include the established format of promotions, presentations, training and referrals. All AMO members and potential AMO members are welcome to attend.

**ALL MEMBERS ARE STRONGLY ENCOURAGED TO BRING A VISITOR
BECAUSE MEMBERS = VALUE= DOCTORS.**

A visitor may attend up to 2 meetings before joining. Visitors who decide to obtain group membership must pay membership enrollment dues and monthly dues to join the AMO Expert network.

- Are you able and willing to make the commitment to arrive at our monthly meetings on time and stay throughout the 90 minutes, attend a member training meeting once per year and are you willing and able to abide by AMO Terms & Code of Ethics ?

Yes or No

Part IV

Medical References

One of the keys to becoming an Associated Medical Office Expert is to have three medical references that will verify that you have worked for them and that they were satisfied with the results. You will provide us with three medical references. The information you provide here is held to the highest levels of confidentiality. We will only contact these references in regard to your certification as an AMO Expert member; they will not receive marketing materials or any other type of contact from us, beyond the application process.

Please list three healthcare professionals that would refer you and your services to other healthcare professionals and please contact them to let them know we will be contacting them shortly:

- Healthcare Organization/Facility (name & location) _____
Healthcare Professional (name & title) _____
Phone # _____ Email _____
- Healthcare Organization/Facility (name & location) _____
Healthcare Professional (name & title) _____
Phone # _____ Email _____
- Healthcare Organization/Facility (name & location) _____
Healthcare Professional (name & title) _____
Phone # _____ Email _____

- ***These referrals are for internal use only and not redistributed.***

Everyone in AMO is referred in to the organization, this list is how we build your team up. We would prefer you work with the people you already have a working relationship with and trust.

We are a true B2B networking organization. Not a B2C you will never find a “Mary Kay” or a “Noni Juice” type business within the AMO Network.

I understand that my membership is conditional and I agree, accept, and will abide by all the terms and conditions and Code of Ethics. I hereby declare and certify that all statements contained in this application and any accompanying documents are true and correct, and that any misrepresentation or false statement may be grounds for rejecting my application. If misrepresentation or false statements are discovered after my application has been accepted, I understand that I will be subject to immediate termination at AMO's discretion without any reimbursement of funds whatsoever. I understand that my membership may be terminated by Associated Medical Office Experts, LLC at anytime for any or no reason at the discretion of the management. I agree to defend & indemnify AMO against any claims arising in connection with myself or my firm. _____

- I agree to complete the one hour online course for HIPAA, OSHA and Privacy Act Certification and cause all of the company employees that will be in contact in anyway with any medical facility to complete the same training, and to also check the background of same employees. _____

Online course are offered on our website at <http://amoexp.com/members.php>

**UPON YOUR ACCEPTANCE TO AMO EXPERTS, ENROLLMENT FEES ARE NON-REFUNDABLE WITHOUT EXCEPTION. THE MONTHLY DUES WILL BE HALTED WITHIN 7 BUSINESS DAYS.
PROVIDE WRITTEN NOTICE TO: info@amoexp.com**

Acceptable? _____

Applicants Signature _____ Date _____

Would you like to be considered for being an Officer?

President Vice President Treasurer Secretary Not at this time

- Corporate has been very careful to minimize the time required to successfully complete the duties of each office, for example the positions currently require about 5 hours per month of your attention.

Email This Application to info@amoexp.com or Fax to 904.724.1171