



Gulf Coast Medical Device Manufacturers

Membership Type

Company Membership (\$150 / year)

Individual Membership (\$75 / year)

Company / Individual Information

Name: _____

Physical Address: _____

Street Address

Houston

TX

City

State

ZIP Code

Primary Phone: () _____ Alternate Phone: () _____

Mailing Address: _____

(if different from above)

Street Address

Houston

TX

City

State

ZIP Code

Website: _____

Business Type:

(select up to 3)

Contract Manufacturing

Product Design

Electronics / Software

Product ID/ Labeling

Metal Fabrication

Prototyping

Packaging

Regulatory Services

Plastics

Other (please specify)

Member Information

(Please note that the first person entered will be listed on the website as the primary contact person.)

Full Name: _____

Title: _____ E-mail Address: _____

Business Phone: () _____ Cell Phone: (opt) () _____

Full Name: _____

Title: _____ E-mail Address: _____

Business Phone: () _____ Cell Phone: (opt) () _____

Full Name: _____

Title: _____ E-mail Address: _____

Business Phone: () _____ Cell Phone: (opt) () _____

Note: Please submit a brief introductory paragraph about your company for the website with this application.