

NLN AFFILIATE SUPPLIER APPLICATION

Thank you for your interest in becoming an NLN Affiliate Supplier. Below you will find information about NLN Affiliate membership requirements and the application form. To become an NLN Affiliate Supplier, please review the materials enclosed and submit the completed application forms, required documents, and membership dues to the NLN office.

Active NLN Affiliate Suppliers receive: three (3) copies of four (4) quarterly issues of *LymphLink* sent via first class mail, a listing in the NLN's Resource Guide online and in print, and discounts on educational materials.

APPLICANT REQUIREMENTS

- Must have a valid seller's permit and/or business license
- Must have a certified fitter on staff if garments or sold, or refer to an outside certified fitter (information about this person must be submitted with your application).
- If pumps are sold, must provide, upon delivery, on-site instruction to clients for safe an appropriate use.

RESPONSIBILITIES OF NLN AFFILIATE SUPPLIERS

1. Maintain an active seller's permit and/or business license in state of operation.
2. Maintain medically responsible, legal, and ethical business practices.
3. Maintain yearly renewal by completing a renewal application online and submitting a copy of current seller's permit and/or business license and yearly dues of \$450.00.
4. Demonstrate efforts to support and increase awareness in local public and medical communities regarding:
 - Risk reduction practices, treatment, and management of lymphedema
 - The National Lymphedema Network (NLN) and related events/services
 - NLN membership benefits
5. Demonstrate support of and willingness to collaborate with the NLN. Optional: Active Affiliate Members are invited to publicly display their status as an NLN Affiliate Supplier by posting the Affiliate Member certificate in an easily viewed location or by including "National Lymphedema Network Affiliate Supplier" in marketing materials /handouts (for example).
6. Demonstrate a commitment to collaborate/network with other NLN Affiliate Suppliers, clinics, and therapists.
7. Demonstrate efforts to provide patients, healthcare professionals, and the public with accurate, credible information regarding products and/or equipment sold by the supplier, and their use in lymphedema treatment.
8. Keep the NLN office informed of changes in company ownership/structure, address, and telephone number by making updates online.

In addition, NLN Affiliate Suppliers are strongly encouraged to:

- Attend and/or sponsor/exhibit at the biennial **NLN International Conferences**.
- NLN conferences offer unique opportunities for suppliers to display their products and connect directly with NLN staff, other NLN Affiliates, and customers from around the globe. For information on upcoming conference opportunities, visit: www.lymphnet.org.

NATIONAL LYMPHEDEMA NETWORK STATEMENT OF PURPOSE/MISSION DEFINITION

ORGANIZATION PURPOSE

The NLN is a non-profit, tax-exempt organization established in 1988. Comprising healthcare professionals, researchers, lymphedema patients, and patient advocates, the NLN is dedicated to making authoritative information on risk reduction practices and treatment of lymphedema available to the medical community, lymphedema patients, and the general public. The mission of the NLN is to create awareness of lymphedema through education and to promote and support the availability of quality medical treatment for all individuals at risk for or affected by lymphedema.

The NLN strives to:

- Make lymphedema a household word nationwide;
- Support the establishment of nationwide standards for lymphedema treatment, training, and reimbursement with the goal of eventually accrediting NLN Affiliate Therapists and Treatment Centers
- Educate the medical community, medical schools, legislators, insurance companies, and the general public about lymphedema and available treatments;
- Create a climate of awareness, understanding, and support for the patients who live with this condition.

In addition, the NLN supports research into the causes and possible alternative treatments for this often incapacitating condition and is dedicated to actively supporting public policy and legislative issues regarding lymphedema (and related conditions) in the US

Responsibilities of the NLN Office to Suppliers

- List active NLN Affiliate Suppliers in the *LymphLink* Resource Guide for four consecutive issues per membership year. Send three (3) copies of each issue by first class mail to active NLN Affiliate Suppliers.
- List active NLN Affiliate Suppliers on the NLN website's Resource Guide, including an active link to the supplier's company website, if requested. Maintain periodic updates.
- Refer callers on the NLN toll-free hotline and direct dial lines to NLN Affiliate Suppliers.
- Maintain online data for each NLN Affiliate Supplier.
- Report to an NLN Affiliate Supplier any comments, compliments or concerns received via telephone, email, or post regarding the member.
- Keep NLN Affiliate Suppliers abreast of current insurance, public policy, or legislative issues regarding lymphedema that may impact suppliers.



FOR OFFICE USE ONLY
Date Recv'd: _____
Clk# _____ θ Charged
Biz License recv'd? Y N
Approved by: _____

NLN Affiliate Supplier Application

Today's Date _____

Company Name _____

Owner/CEO _____

Address _____

City, State, Zip Code _____

Daytime phone (___) _____ Fax (___) _____

E-mail: _____

Website _____

Contact Person (for membership/renewal purposes) _____ Title _____

1. How long has your company been in business? _____

2. What product(s) do you sell?

Please indicate how your listing should appear in the NLN Resource Guide:

Company Name _____ Area Served (indicate city/state or Nationwide) _____ Telephone Number _____

Please note that we are unable to process incomplete applications.

I warrant that the statements provided in this application are true, and if found to be otherwise, I understand and agree that my Affiliate Membership status will be terminated immediately without compensation.

Signature: _____ Postion/Title _____

The following MUST accompany your application:

_____ Enclosed is a copy of my current Seller's/Resale Permit and Business License.

_____ Enclosed is literature about the company and the CEO.

_____ Enclosed is a check for \$450.00 **OR**

_____ Charge \$450.00 to the credit card (or pay online at <https://www.shop.lymphnet.org>):

Amex Disc M/C Visa : Card number: _____

Expiration date: _____ Customer Code: _____

Signature: _____ Date: _____