AMERICAN MEDICAL MANUFACTURERS ASSOCIATION

MEMBERSHIP APPLICATION & SELF-ATTESTATION

Instructions: *This self-attestation must be completed by an authorized officer and provide complete and accurate responses. AMMA may request supporting documentation and conduct verification. Material misstatements may result in denial, suspension, or removal.*

1. COMPANY INFORMATION

Legal Name:

DBA (if applicable): **EIN:** **Year Founded:**

Headquarters Address:

Company Website:

Primary Contact

Name: **Title:**

Email: **Phone:**

U.S. Manufacturing Facility Addresses

1.

2.

3.

2. OWNERSHIP AND CONTROL

Parent Company (if any):

Jurisdiction of Org: **Principal Place of Business:**

Beneficial Owners (10% or more) and Controlling Persons

Name	Nationality	Country of Residence	Ownership %	Nature of Control

Board of Directors / Managers

Name	Affiliations

Is the applicant majority-owned and controlled by U.S. persons/entities?

☐ Yes ☐ No

If No, please explain:

Is any owner or controller a government entity?

☐ Yes ☐ No

If Yes, identify:

3. OFAC / SANCTIONS REPRESENTATIONS

The applicant certifies that (check all to confirm):

☐ It is not listed, and no beneficial owner (10% or more), parent, or controlling person is listed, on any OFAC Sanctions List (including the SDN List).

☐ It is not majority-owned or controlled, directly or indirectly (including under OFAC's 50 Percent Rule), by any person or entity on any OFAC Sanctions List.

☐ It is not majority-owned or controlled by any person or entity organized in, or whose principal place of business is in, a Comprehensively Sanctioned Country or Region, and has no director, officer, or key manager ordinarily resident in such jurisdictions.

☐ It has and maintains an internal control process reasonably designed to ensure ongoing compliance with U.S. sanctions.

☐ It will promptly notify AMMA if any of the above representations become inaccurate.

4. U.S. MANUFACTURING CAPABILITIES AND CAPACITY

Product Categories Currently Manufactured in the U.S.

- ☐ i. Respirators
- ☐ ii. Surgical/procedural masks
- ☐ iii. Isolation/surgical gowns
- ☐ iv. Nitrile gloves
- ☐ v. Face shields/eyewear; caps/boot covers; drapes; sterile barriers
- ☐ vi. Test swabs; collection devices
- ☐ vii. Syringes/needles; IV sets; other CMS

Specify:

Facility Details (Primary U.S. Plant)

Address:

Square Footage: **FDA Registration/Listings:**

Avg. Monthly Output (units by product line):

Key Process Capabilities:

Critical Raw Materials (Domestic):

Critical Raw Materials (Imported):

Estimated % Domestic Content:

(If you have additional U.S. plants, please attach an appendix with the above details for each facility).

5. QUALITY AND COMPLIANCE

Relevant Certifications / Approvals & Third-Party Audits (last 24 mos):

Have you had any adverse findings or warning letters in the last 34 months?

☐ Yes ☐ No

If Yes, please attach a written explanation.

6. ETHICS AND COMPLIANCE

Disclose any relationships with AMMA directors, officers, or committee members:

7. MEMBERSHIP CLASS REQUESTED

☐ **i. Manufacturer Member** (Voting)

☐ **ii. Associate Member** (Non-Voting)

iii. Board Representation Eligibility (If applicable, check one):

☐ If applying for eligibility for a Board representative, I confirm that our company is majority U.S.-owned and U.S.-controlled.

☐ If a U.S. affiliate of a foreign parent, I acknowledge that Board representation is subject to a 33% cap and Board approval.

8. ACKNOWLEDGEMENTS AND CONSENT

By signing below, the Applicant expressly agrees to:

1. Abide by AMMA's Bylaws and Board-adopted policies;
2. Pay required membership dues;
3. Permit AMMA to verify the representations made in this attestation; and
4. Promptly update AMMA regarding any material changes to the information provided.

Authorized Officer Name: **Title:**

Signature: **Date:**