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Association of Anaesthetic and  
Respiratory Device Suppliers

**Company Membership Application Form**

Complete all sections by typing in the shaded text boxes. For help on what to include, click in the shaded box and press F1 or look in the status bar (lower left). Applicants must be nominated and confirmed by Barema Council members. Council meetings take place in January, April, July and October each year.

**Company information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | |  | | | | |
| **Address** | |  | | | | |
| **Postcode** | |  | | | | |
| **Website** | | www. | | | | |
| **Telephone** | |  | | | | |
| **General activities:** | |  | | | | |
| **Quality assurance approvals:** | | ISO /      : 20--, ISO /      : 20--, ISO /      : 20--, ISO      : 20-- | | | | |
| **UK turnover** (for anaesthetic and respiratory products only) | |  | | | | |
| **Products**  Please select all that apply. These will be listed on your company's profile on the Barema website | | | | | | |
|  | Absorbers | |  | Flowmeters |  | Patient Cooling Devices |
|  | Airways | |  | Fluid Warming Devices |  | Patient Monitors |
|  | Ambulance Equipment | |  | Gas cylinders & accessories |  | Patient Warming Devices |
|  | Anaesthesia Delivery Systems / Anaesthetic machines | |  | Gas scavenging systems |  | Regulators |
|  | Anaesthesia needles e.g. spinal, epidural | |  | Humidifiers |  | Respiratory Diagnostic Equipment |
|  | Anaesthetic Vaporisers | |  | Infant warmers |  | Respiratory therapy equipment |
|  | Analgesia Machine | |  | Infusion Pumps &/or accessories |  | Resuscitators: manual or powered |
|  | Breathing Systems & Accessories | |  | Laryngeal masks |  | Sphygmomanometers |
|  | Bronchoscopes | |  | Laryngoscopes |  | Spirometers |
|  | Carbon Dioxide Absorbent e.g. soda lime | |  | Medical Gas Pipeline Systems |  | Sub contract manufacture |
|  | Compressors | |  | Nebulizers |  | Suction equipment e.g. pumps |
|  | CPAP Devices | |  | Nerve stimulators |  | Tracheostomy tubes |
|  | Defibrillators | |  | Oesophageal Doppler Monitor |  | Training manikins |
|  | Depth of Anaesthesia Devices | |  | Operating theatre and intensive care pendants |  | Ultrasound |
|  | Endobronchial Tubes | |  | Oxygen concentrators |  | Ventilators |
|  | Endotracheal tubes | |  | Oxygen Enrichment Devices |  | Video laryngoscopes |
|  | Filters e.g. HMEs & HMEFs | |  | Paediatric Equipment e.g. Infant Warmers |  |  |

**Primary contact**

|  |  |
| --- | --- |
| **Title** |  |
| **Full name** |  |
| **Email** |  |
| **Telephone** |  |
| **Mobile** |  |

**Mailing list**

- please add names of all those in the company who wish to receive Barema bulletins, *Clinica* Digest, reports, news etc by email, and who wish to access the members-only parts of the Barema website.

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| --- | --- | --- |
| **First name** | **Surname** | **email** |
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**Declaration**

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| --- | --- | --- |
|  | We declare that benefits of Barema membership are solely for our company's own use, and that we will not share Barema newsletters, email bulletins, access to members' pages on the Barema website, *Clinica* Digests, or any other material prepared and intended exclusively for Barema members with companies or other parties operating in the scope of Barema's activities & interests. | |
|  | We have read the Articles of Association, Code of Practice, and Training Policy of Barema. We declare that we fulfil the conditions for membership set out in Article 21 of the Articles, and that we undertake to abide by Articles of the Association if this application is approved by the Council. | |
|  | We understand that membership will be automatically terminated, without any repayment of fees, if we contravene any of the conditions of membership given here and in the Articles of Association, Code of Practice and Training Policy. | |
| **Signature of company secretary:** please insert picture files of signatures by clicking on picture icons below, or print out and sign a hard copy. | | Date:    /    / |
| **Signature of company director or manager:** | | Date:    /    / |

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| --- | --- | --- |
| **OFFICE USE ONLY** | | |
| Application received | Date:    /    / | |
| Proposed at Council meeting | Date:    /    / | |
| Accepted by Council | Date:    /    / | |
| **Chairman's Signature:** | | Date:    /    / |