



**DME Provider Outreach and Education Advisory Group  
JA Membership Application**

**Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone number (with area code):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Supplier Number (PTAN):** \_\_\_\_\_

**Specialty or Specialties:**

**Comments:**

**Send completed application to one of the following**

**E-mail:** dmewebinars@noridian.com

**Fax:** 701-433-5957 Attn: DME POE Advisory Group

**Mail:** Noridian Healthcare Solutions Attn: DME POE Advisory Group  
PO Box 6780 Fargo, ND 58108-6780