



FMS/FAHSA Group Purchasing Enrollment Agreement



This Enrollment Agreement entitles you to participate in Group Purchasing Organizations (“GPO(s)”) of each of FMS Purchasing & Services (FMS) and FAHSA. The FMS GPO may act as contracting agent for the FAHSA GPO. Enrollment in the GPOs of each of FMS and FAHSA entitles you (the “Participant”) to access all pricing and benefits offered by the vendors in their contracts with FMS as the GPO contracting agent. Enrollment begins on the date this completed and signed Enrollment Agreement is received by FMS and FAHSA, and continues until the earlier to occur of (a) termination of the Participant’s FMS membership, (b) termination of the Participant’s affiliation with its state association, or (c) Participant’s written withdrawal from this Program. This Enrollment Agreement does not obligate or commit the Participant to purchase from any vendor.

As a direct result of your membership with FMS, FAHSA will receive a royalty fee of up to 12.5% of the membership fee.

In order to assure that the participating FMS vendors correctly price your orders, **please identify yourself as an FMS Group Purchasing Program participant.**

Member Organization: _____

Contact Name: _____

Street Address: _____

Mailing Address: _____

City/State/Zip: _____

Phone () _____ Fax () _____

E-mail _____

FMS collects e-mail addresses for periodic program updates and communications to you. FMS will not sell or misuse your e-mail address.

Please FAX to (727) 726-0514 (No Cover Sheet Required)

Participant affirms its association and affiliation with each of the FMS and FAHSA GPO, and wishes the option to purchase from the Program’s vendors accessing the GPO contracts. In addition, Participant wishes to access any future contracts that FMS group purchasing may enter into as long as the Participant remains enrolled in the Program

By submission of this Enrollment Agreement, the Participant hereby appoints both the FAHSA GPO and the FMS GPO to act as a purchasing agent for it.

Authorized Contact: _____ Authorized Signature: _____
(Please Print)

Date: _____ Title: _____

Enrollment accepted by FMS on this _____ day of _____

By FAHSA: _____ Title: _____

By FMS: _____ Title: _____

A fully executed copy of this Enrollment Agreement will be faxed to the contact person listed above from FMS.