



American Association of Medical Audit Specialists
2008 Corporate Membership
Individual Application
 Tax ID #65-0573775

Renewal New
 Date: _____

Company: _____

Primary Contact Information

Name:	_____
Credentials/Title:	_____
Employer:	_____
Address 1:	_____
Address 2:	_____
City, State, Zip:	_____
Phone:	_____
Cell:	_____
E-mail:	_____

Secondary Contact Information

Employer:	_____
Address 1:	_____
Address 2:	_____
City, State, Zip:	_____
Phone:	_____
Cell:	_____
E-mail:	_____

NOTES

1. This application must be submitted with the Corporate Membership Application. A minimum of three individual membership applications **MUST** be attached to the Corporate Membership Application and fees **MUST** be paid by corporate check or credit card. Applications available at www.aamas.org.
2. Membership applications, contact information, and payment **MUST** be received prior to February 1 to qualify for the Corporate Discount and to be included in the annual Membership Directory.

Corporate Fees are \$85.00 per individual (see notes above) and are payable to:
 AAMAS

P.O. Box 4760, San Antonio, TX 78265-8609

For information contact Barb Thompson, Administrative Director, at 210-792-2251 or admin@aamas.org.

TO PAY BY CREDIT CARD:

Name on Credit Card (Please print): _____
 Type of Card (Circle one):
 AMEX Discover MasterCard Visa
 Credit Card # (Include 16 digits): _____
 Exp Date (mm/yy): _____
 Signature: _____

Office Use Only	
Date Rec'd	_____
To Finance	_____
Database	_____
Confirmed	_____
Other	_____