American Association *of* Medical Audit Specialists
Membership Application

Please Print Clearly:

Name: Dr./ Mrs. / Mr. / Ms. _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Preferred mailing address: ❑Home ❑Business

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home phone number: _____ Office Phone: _____ Cell Phone: _____

Fax number: _____ E-mail: _____

Referred by: _____

Membership Dues Schedule: Each membership is good for one full-year.

❑ **Individual Membership** $125.00 $_____ Membership Total

❑ **Corporate Membership** If three or more employees from the same organization join/renew, they each receive the discounted rate noted below. Please provide names and contact information on the back of this form.

Total Number of Members: _____ X $112.50 = $_____ Membership Total

Additional Information:

Please list other professional organizations to which you belong: _____

Employment Setting

- ❑ Hospital
- ❑ Vendor
- ❑ Insurance Company/Other Payer
- ❑ Other

Job Classification

- ❑ Auditor
- ❑ UR/QA
- ❑ Case Manager
- ❑ Other

Birth Year

- ❑ Prior to 1925
- ❑ 1925-1945
- ❑ 1946-1964
- ❑ 1965-1979
- ❑ 1980-2000
- ❑ After 2000

Your name, address, and email address will automatically appear in our online membership directory available only to members. Please check if you would like your name ***withheld*** from the online membership directory: ❑

Payment Information:

❑ Check/Money Order ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

Signature: _____

Return this form with your payment. Checks or money orders (in U.S. dollars) payable to AAMAS.

7044 S 13th St.
Oak Creek, WI 53154, USA Tel: 414-908-4941

Credit Card Payments can be faxed to AAMAS at **414-768-8001**.

Total Due: _____

Please FAX or MAIL your application form to the address at left. Or, you may join online at www.aamas.org.

Additional Corporate Members:

1. Name: _____ Credential:_____

Title: _____ Wphone: _____

E-mail:_____

Address: _____

2. Name: _____ Credential:_____

Title: _____ Wphone: _____

E-mail:_____

Address: _____

3. Name:_____ Credential:_____

Title: _____ Wphone: _____

E-mail:_____

Address: _____

4. Name: _____ Credential:_____

Title: _____ Wphone: _____

E-mail:_____

Address:_____

5. Name:_____ Credential:_____

Title: _____ Wphone: _____

E-mail:_____

Address:_____

Membership Categories:

Individual Membership: Membership is open to persons representing third party payers, health care professionals, medical audit professionals, and health care providers who are actively involved or interested in medical audit. Benefits includes full voting privileges, all newsletters and notices, reduced prices for Annual Conference and educational events, right to hold office and serve on committees, and inclusion in the online searchable Membership Directory.

Corporate Membership: A group discount for three or more members from the same organization. All rights and privileges of full membership apply.