



# 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** \$150.00 \$\_\_\_\_\_ Membership Total

**Retired Membership** \$100.00 \$\_\_\_\_\_ 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 \$125.00 = \$\_\_\_\_\_ 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 13<sup>th</sup> 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](http://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. Those who are 65+ qualify for the retired membership rate.

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