



# AMERICAN ASSOCIATION OF MEDICAL AUDIT SPECIALISTS

## Corporate Membership Application

**Please Print Clearly:**

Affiliation: \_\_\_\_\_

Primary Contact: Dr. / Mrs. / Mr. / Ms: \_\_\_\_\_

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

Secondary Contact: Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_

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

**Affiliation mailing address:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Corporate Membership** If ten 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: \_\_\_\_\_: **\$1,000.00 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       1980-2000
- 1925-1945         After 2000
- 1946-1964
- 1965-1979

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 to the address on the left.

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

**6. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Wphone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**7. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Wphone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**8. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Wphone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**9. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Wphone:** \_\_\_\_\_

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

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

**10. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Wphone:** \_\_\_\_\_

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

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

