



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
- 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 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 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: _____
