



# AMERICAN ASSOCIATION OF MEDICAL AUDIT SPECIALISTS

## Group 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: \_\_\_\_\_

**Group 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     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 Group Members:**

**1. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

**2. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

**3. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

**4. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

**5. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

**6. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

**7. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

**8. Name:** \_\_\_\_\_ **Credential:** \_\_\_\_\_

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

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

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

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

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