



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 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 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: _____
