



# AMERICAN ASSOCIATION OF MEDICAL AUDIT SPECIALISTS Corporate Membership Application

**NOTE:** Several emails are being bounced back when sent to employer emails. Therefore, please provide your personal email as the primary contact and mark aamas.org as "safe".

**Please Print Clearly:**

Name: Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

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

**⊖ Corporate Membership** A Corporate membership is only available to 10 individuals from the same organization. If you have more than 10 employees, please contact us at 414-908-4941 ext:103 for Janet or ext:125 for Courtney.

Total Number of Members: \_\_\_\_\_ : **\$1,000 Membership Cost**

**OPTIONAL:**

Please check this box to help AAMAS defray the cost of credit card processing fees by adding 3.5% to your total. (3.5% = \$ \_\_\_\_\_)

**Total Approved Payment \$** \_\_\_\_\_

**PAYMENT INFORMATION:**

Check/Money Order    Visa    MasterCard    Discover    American Express

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:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ **Date:** \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

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

**2. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ **Date:** \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

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

**3. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ **Date:** \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

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

**4. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ **Date:** \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

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

**5. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
Work E-mail: \_\_\_\_\_

**6. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
Work E-mail: \_\_\_\_\_

**7. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
Work E-mail: \_\_\_\_\_

**8. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
Work E-mail: \_\_\_\_\_

**9. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_  
Work E-mail: \_\_\_\_\_

**10. Name:** Dr. / Mrs. / Mr. / Ms. \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
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Work E-mail: \_\_\_\_\_