

Corporate Membership Application



AMERICAN ASSOCIATION OF
MEDICAL AUDIT SPECIALISTS

A Corporate membership is only available to 10 individuals from the same organization. If you have more than ten(10) employees, please contact Janet Wilhelms at **414-908-4941 ext:103**.

Please provide contact information beginning on the second page of this form.

Summary of Member Certifications

Member Names:	Membership & CCFA Certification (\$135)	Membership Only (\$100)
_____	<input type="radio"/>	<input type="radio"/>
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_____	<input type="radio"/>	<input type="radio"/>
Total \$:	_____	_____

Group Membership Totals

NOTE: Total is calculated based on \$100 per membership and/or \$135 for Membership and CCFA Certification.

Credit Card Processing Fee (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

Primary Contact Person: _____ Phone Number: _____

Check/Money Order
 Visa
 MasterCard
 Discover
 AMEX

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 Street
 Oak Creek, WI 53154, USA

Credit Card Payments can be faxed to AAMAS at **414-768-8001**

Total Due \$ _____

Please FAX or MAIL your application to the address to the left.

Please provide contact information beginning on the second page of this form.

Corporate Membership Application *continued*

Group Membership Totals

Member 1:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Member 2:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Member 3:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Corporate Membership Application *continued*

Group Membership Totals

Member 4:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Member 5:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Member 6:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Corporate Membership Application *continued*

Group Membership Totals

Member 7:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Member 8:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Member 9:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

Corporate Membership Application *continued*

Group Membership Totals

Member 10:

Name: _____ Date: _____

Title: _____ Credentials: _____

Affiliation: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Cell Phone: _____ PRIMARY Personal Email: _____

SECONDARY Work Email: _____

**If you have more than ten(10) employees, please contact
Janet Wilhelms at 414-908-4941 ext:103.**