

Group Membership Application



AMERICAN ASSOCIATION OF
MEDICAL AUDIT SPECIALISTS

If three to nine employees from the same organization join/renew, they each receive the discounted rate noted below. **Please provide contact information beginning on the second page of this form.**

Summary of Member Certifications

| Member Names: | Membership & CCFA Certification (\$160) | Membership Only (\$125) |
|---------------|--|----------------------------|
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| _____ | <input type="radio"/> | <input type="radio"/> |
| Total \$: | _____ | _____ |

Group Membership Totals

NOTE: Total is calculated based on \$125 per membership and/or \$160 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.

Group 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: _____

Group 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: _____

Group 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: _____