

Group Membership Application



AMERICAN ASSOCIATION OF
MEDICAL AUDIT SPECIALISTS

A Group membership is only available to groups of **two to five** individuals. **Please provide contact information beginning on the second page of this form.**

Summary of Member Certifications

Member Names:

Membership & CCFA
Certification (\$160)

CCFA
Discount Code?

Membership
Only (\$125)

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
262 West Main Street
Wales, WI 53183, 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: _____