



AMERICAN ASSOCIATION OF MEDICAL AUDIT SPECIALISTS

Membership Application

Please Print Clearly:

Name: Dr./ Mrs. / Mr. / Ms. _____

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: _____

MEMBERSHIP DUES SCHEDULE: Each membership is good for one full-year.

Individual Membership \$125.00 \$_____ Membership Total

Corporate Membership A discounted membership rate (10%) is available for three or more employees from the same organization. Please provide names and contact information on the back of this form.

Total Number of Members: _____ X \$112.50 = \$_____ 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

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 American Express 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.

10200 West 44th Avenue, Suite 304
Wheat Ridge, Colorado 80033-2840, USA Tel: 720-881-6045
Credit Card Payments can be faxed to AAMAS at **303-422-8894**.

TOTAL DUE: _____

Please FAX or MAIL
your application form to the
address at left. Or, you may join
online at www.aamas.org.

Additional Corporate Members:

1. Name: _____ Credential: _____

Title: _____ Wphone: _____

E-mail: _____

Address: _____

2. Name: _____ Credential: _____

Title: _____ Wphone: _____

E-mail: _____

Address: _____

3. Name: _____ Credential: _____

Title: _____ Wphone: _____

E-mail: _____

Address: _____

4. Name: _____ Credential: _____

Title: _____ Wphone: _____

E-mail: _____

Address: _____

5. Name: _____ Credential: _____

Title: _____ Wphone: _____

E-mail: _____

Address: _____