



Assoc. of Healthcare Internal Auditors

Association of Healthcare Internal Auditors

Membership Application Form

Join Online at www.ahia.org
Membership is for one full year effective the day you join.

I was referred to AHIA by: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Wphone: \_\_\_\_\_

Address: \_\_\_\_\_ HPhone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

The address above is a: [ ] Business [ ] Home

Membership includes a \$65.00 per year subscription to the New Perspectives Journal, both printed and electronic versions.

AHIA Individual Membership Levels:

- [ ] 1 Year Membership = \$200 [ ] 3 Year Membership = \$555
[ ] 1 Year Faculty Membership = \$75 [ ] 3 Year Faculty Membership = \$210
[ ] 1 Year Student Membership = \$40 [ ] 3 Year Student Membership = \$105

Membership Total

AHIA Group Membership Levels:

Please provide additional names and contact information on back for group members or provide additional sheet. Prices below are Per Member.

- [ ] 2-5 Members: 1 Year = \$180/member 3 Year = \$510/member
[ ] 6-20 Members: 1 Year = \$155/member 3 Year = \$435/member
[ ] 21-50 Members: 1 Year = \$135/member 3 Year = \$375/member
[ ] 51+ Members: 1 Year = \$100/member 3 Year = \$285/member

Total Number of Members : \_\_\_\_\_ X \$ \_\_\_\_\_ = \_\_\_\_\_ Membership Total

Additional Information:

- 1. Highest Education Degree \_\_\_\_\_
2. Number of Auditors on Staff \_\_\_\_\_
3. Number of Years in Auditing \_\_\_\_\_
4. Number of Years in Healthcare \_\_\_\_\_
5. Work Setting (Check all that apply)
[ ] Hospital [ ] Durable Medical Equipment [ ] Reference Laboratory [ ] Homecare, Hospice or Palliative Care [ ] Physician Practices [ ] Health Plan [ ] Academic Medical Center [ ] Ambulance [ ] Research/Clinical Trials [ ] Nonprofit Integrated Healthcare System
6. Professional Memberships:
[ ] ACFE [ ] CEO [ ] IIA [ ] ACUA [ ] HCCA [ ] ISACA [ ] AICPA [ ] HFMA [ ] ISACS
7. Position (Check the box that most accurately describes your job position; check one box only.)
Executive: [ ] Chief Audit Executive [ ] Senior Auditor within organization [ ] Chief Compliance or VP Compliance
Director: [ ] Audit Director (Internal/ Medical) [ ] IT Audit Director [ ] Compliance Director
Manager: [ ] Audit Manager (Internal/ Medical) [ ] IT Audit Manager [ ] Compliance Manager
Staff: [ ] Staff Auditor (Internal/Medical) [ ] IT Staff Auditor [ ] Compliance Auditor [ ] Audit Services Contractor
Other: [ ] External Public Accountant [ ] Corporate Management [ ] Educator [ ] Audit Committee Member [ ] Management Consultant [ ] Other \_\_\_\_\_

Your name, address, and email address will automatically appear in our online membership directory available only to members, and your email address will be used to send you information regarding AHIA. Opt out options are available online.

Payment Information:

- [ ] Check/Money Order [ ] Visa [ ] MasterCard [ ] American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Make your check or money order (in U.S. funds) payable to AHIA.

Please FAX or MAIL your form to: AHIA, 10200 West 44th Avenue, Suite 304, Wheat Ridge, CO 80033

FAX: 303-422-8894 Phone: 303-327-7546



Assoc. of Healthcare Internal Auditors

# Association of Healthcare Internal Auditors Membership Application Form

www.ahia.org

Additional Organizational Members:

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

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

Title: \_\_\_\_\_ Wphone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Wphone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Wphone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

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

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

Title: \_\_\_\_\_ Wphone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

### Membership Categories

All categories include a subscription to the New Perspectives Journal both printed and electronic versions.

**Individual Member:** Any individual is eligible to join AHIA as long as they are interested in the healthcare auditing profession.

**Group Memberships:** Individuals are eligible to join as a group at discounted rates. Members will be enrolled based on employment under one organization name, with one source of payment. Discounts vary based on the number of individual members joining or renewing from the same organization.

**Faculty Membership:** To be eligible for a faculty membership, a member must be an active faculty member or professor (adjunct or full) at a junior college, college or university. Proof of your faculty status must accompany your membership application or at each renewal period. The proof of status can be either a letter from the Department Chair or Human Resources Department.

**Student Membership:** To be eligible for student membership, a member must be enrolled as a full-time undergraduate student in a junior college, college or university. Full-time status is defined as 12 hours/semester, trimester or quarter. Proof of your undergraduate status must accompany your membership application or at each renewal period. Student memberships will expire after five consecutive years.