



2015 APPLICATION FOR NATIONAL MEMBERSHIP

NAME: _____ TITLE: _____

EMPLOYER/ORGANIZATION NAME: _____

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ LOCAL CHAPTER: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

How did you hear about AAHAM? Colleague Publication Website LinkedIn

If referred by AAHAM member, please give name: _____

Membership Type: National Member Student Member

NATIONAL MEMBERSHIP - The fee to become a National member is \$190. If you join anytime between July 1st and August 31st, the dues are \$150 for the rest of the current year. If you join between September 1st and December 31st, the fee is \$230 for the rest of the current year and all of the following year.

STUDENT MEMBERSHIP - The student membership fee is \$50. If you join between July 1st and August 31st, the pro-rated dues are \$35, and if you join between September 1st and December 31st, dues are \$65 (for 15 months of membership). **To qualify for student membership you must currently be taking 6 credit hours per semester and submit proof with this application.** Student members receive all the benefits of membership with the exception of voting, eligibility for professional certification, and cannot be a proxy for a chapter president at any national board meetings.

PAYMENT OPTIONS

For Credit Card Payment: Amex Visa MasterCard

Card Number: _____ Exp: _____

Name as it appears on card: _____

Signature: _____

Billing Address, if different from above: _____

Please allow two weeks for processing after your application is received at the national office. Dues are not tax deductible as a charitable contribution, but may be as a business expense.

Please note: Membership is on an individual, not institutional, basis and is non-transferable.

For Check Payment:

Please make checks payable to AAHAM and send application with your payment to:

AAHAM Membership
11240 Waples Mill Road, #200
Fairfax, VA 22030
Fax: 703-359-7562
AAHAM Tax ID: 23-1899873

YOUR PAYMENT TOTAL:

NATIONAL DUES: _____

LOCAL DUES: _____

TOTAL ENCLOSED: _____



Local Chapters: AAHAM has 32 chapters throughout the US and India. Local chapters offer you more opportunities for education and networking. Please see the listing of local chapters below to help you decide which chapter you should belong to along with your National membership

Name of Chapter	Geographic Location	Chapter Dues	Please Check the Appropriate Codes in Each Category Below
Aksarben #01	Nebraska	\$0.00	<p>Years in Healthcare: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 25+</p> <p>Certification: <input type="checkbox"/> CHAM (NAHAM) <input type="checkbox"/> CHFP (HFMA) <input type="checkbox"/> FHFMA (HFMA) <input type="checkbox"/> CHCS (ACA) <input type="checkbox"/> Other (please list)</p> <p>Employer Type: <input type="checkbox"/> Vendor/Corporate Partner <input type="checkbox"/> Billing <input type="checkbox"/> Collection Agency <input type="checkbox"/> Consulting <input type="checkbox"/> Outsourcing <input type="checkbox"/> Software/IT <input type="checkbox"/> Provider <input type="checkbox"/> Law Firm <input type="checkbox"/> Other (please list)</p> <p>Position: <input type="checkbox"/> CFO <input type="checkbox"/> Vice President <input type="checkbox"/> Partner, Principal, Owner <input type="checkbox"/> Executive Director <input type="checkbox"/> Consultant <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor/Coordinator <input type="checkbox"/> PFS Representative <input type="checkbox"/> Patient Access Representative <input type="checkbox"/> Other (please list)</p> <p>Responsibility: <input type="checkbox"/> Accounting <input type="checkbox"/> Administration/Operations <input type="checkbox"/> Admitting/Access <input type="checkbox"/> Audit <input type="checkbox"/> Benefits <input type="checkbox"/> Budget <input type="checkbox"/> Compliance <input type="checkbox"/> Business Development, Sales, Marketing <input type="checkbox"/> Information Services/Technology <input type="checkbox"/> Managed Care <input type="checkbox"/> Medical Records <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> PFS, Patient Billing & Collections <input type="checkbox"/> Reimbursement <input type="checkbox"/> Third Party Administration <input type="checkbox"/> Other (please list)</p>
Florida Sunshine #03	Florida	\$40.00	
Carolina #04	North & South Carolina	\$30.00	
Evergreen #05	Washington State, West of the Mountains	\$30.00	
Gopher #06	Minnesota	\$40.00	
Hawkeye #07	Iowa	\$0.00	
Hawthorn #08	Missouri	\$45.00	
Illinois #09	Illinois	\$25.00	
Inland Empire #10	Washington State, East of the Mountains	\$25.00	
Keystone #11	Central Pennsylvania	\$25.00	
Maryland #13	Maryland	\$25.00	
Mountain West #14	Utah	\$30.00	
New Jersey #16	New Jersey	\$35.00	
Western Reserve #18	Ohio	\$0.00	
Northeast PA #19	North East Pennsylvania	\$30.00	
Rocky Mountain #21	Colorado	\$20.00	
Pine Tree #22	Maine	\$25.00	
Rushmore #23	North & South Dakota	\$0.00	
Western Region #26	Arizona and California	\$0.00	
Virginia #27	Virginia	\$30.00	
Philadelphia #29	Philadelphia, Pennsylvania	\$35.00	
Mid-York #31	New York	\$30.00	
Georgia #33	Georgia	\$30.00	
Connecticut #34	Connecticut	\$35.00	
Three Rivers #37	Pittsburgh, Pennsylvania	\$50.00	
Texas Bluebonnet #40	Texas	\$50.00	
Indiana #42	Indiana	\$25.00	
Wisconsin #44	Wisconsin	\$25.00	
Chennai #49	Chennai, India	\$0.00	
Music City #53	Tennessee	\$25.00	
Michigan #55	Michigan	\$0.00	
Twin States #56	Vermont & New Hampshire	\$25.00	

**AAHAM Providing Excellence in the Business of Healthcare
 Certification, Compliance, Leadership Development, Networking, Advocacy**