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Personal Information, *required information

Mr. Ms. Dr. Other

*NAME

*MAILING ADDRESS LINE 1

ADDRESS LINE 2

*CITY STATE ZIP

*This mailing address is my: HOME BUSINESS

*TELEPHONE

*EMAIL (your EMAIL will also be your USERNAME when signing into your HFMA Account)

Organization Type

Accounting Firm
Ambulatory Care Clinic
Clinical Service
Collection A/R/ Service
Consulting Firm
Education/Library
GPO/Purchasing
Health Plan
Home Health Agency

Hospital
Law Firm
Managed Services
Medical Group
Non Provider
Physician Practice
Professional Association
Sub Acute Facility
Third Party Admin

Chapter Affiliation

Indicate preferred chapter affiliation.†

Sponsor Name

Sponsor is not required for membership.

Exclude me from the online HFMA Membership Directory
Exclude me from lists provided to outside organizations

Membership Dues

Individual Membership

Professionals, finance leaders and clinicians working in provider settings, hospitals/health systems, physician practices and/or health plans.

Membership
(1 year membership dues)

\$425

Business Partner Membership

Individuals who work for companies that supply products and services to providers and support the association's mission to join as Business Partner Members.

\$425

Faculty Membership

Full-time faculty teaching finance, healthcare administration, or medicine in an accredited college or university.

\$175

Retired Membership

Members in good standing who are transitioning to retirement and have been with HFMA for at least 5 years.

\$55

Student e-Membership

Students currently enrolled full time in an accredited undergraduate or graduate program.

\$0

Affirmation

I affirm that the information I have given is true to the best of my knowledge, and agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association. To read the HFMA Code of Ethics go to hfma.org/code.

SIGNATURE

DATE

Payment Information:

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CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

EXPIRATION DATE CVV CODE

† Note: If a member does not provide a chapter affiliation, one will be assigned based on the location of his or her mailing address. Members may request a chapter transfer by calling (800) 252-4362, ext. 2, or by sending an e-mail to inquiry@hfma.org. Annual regular membership includes a \$30 allocation to hfm magazine and is not deductible from the dues. Annual dues cover membership in National HFMA and in one local chapter. Individual memberships are personal only and do not apply to institutions. Memberships, even those paid by employers, are not transferable.