

MEMBERSHIP APPLICATION FACULTY

PERSONAL INFORMATION

Mr. Mrs. Ms. Miss Other

NAME

JOB TITLE

SCHOOL NAME / EMPLOYER

Preferred Mailing Address: HOME SCHOOL / EMPLOYER

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

DAYTIME TELEPHONE

EVENING TELEPHONE

EMAIL

/ /

DATE OF BIRTH

/ /

DATE STARTED IN HEALTH CARE

/ /

DATE DEGREE EARNED

- Exclude my name from the online HFMA Membership Directory.
- Exclude my name from lists provided to outside organizations.

To join, submit this application with payment using any of these three methods:

MAIL: HFMA Dept. 77-5195, Chicago, IL 60678-5195

FAX: (708) 531-0665

CALL: (800) 252-4362, extension 2

To join online, visit www.hfma.org/facultyjoin

New members are assigned a chapter affiliation based on the location of their preferred mailing address. Upon application acceptance, members may request a chapter transfer by calling Jim Kokkines at (800) 252-4362, extension 363, or by sending an e-mail to memberservices@hfma.org.

To learn more about the chapters in your area, visit www.hfma.org/locatechapter. Annual regular membership includes a \$30 allocation to *Healthcare Financial Management*, the official magazine, and is not deductible from the dues. Annual dues cover membership in National HFMA and in one local chapter. Memberships are personal only and do not apply to institutions. Memberships, even those paid by employers, are not transferable. HFMA reserves the right to verify an applicant's academic position. Contact HFMA's Member Services Center at (800) 252-4362, extension 2, or memberservices@hfma.org with questions.

MEMBERSHIP REGISTRATION DUES

\$100 when you join between June 1 and November 30;
\$50 when you join between December 1 and May 31.
The membership year ends May 31.

Begin my membership the month of _____

One-Time Application Fee for New Members \$ _____ 30.00

Dues through May 31 \$ _____

Join an HFMA Forum \$ _____

Visit www.hfma.org/forums for more information.

TOTAL (add all lines above) \$ _____

SPONSOR INFORMATION

You do not need a sponsor to become a member.

SPONSORING MEMBER'S NAME

SPONSORING MEMBER'S ID#

PAYMENT METHOD

CHECK ENCLOSED

Credit Card:

VISA MASTERCARD AMEX DISCOVER

CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

I affirm that I hold an academic position in a graduate or undergraduate program in a health- or business-related field. Further, I affirm that the information I have given is true to the best of my knowledge, and I agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association.

SIGNATURE

DATE