

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 \$ _____

Personal Information

NAME

JOB TITLE

EMPLOYER

ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

Sponsor Information

You do not need a sponsor to become a member.

SPONSORING MEMBER'S NAME

SPONSORING MEMBER'S ID NO.

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 a full-time 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

Three ways to join

ONLINE

Visit hfma.org/facultyjoin to apply online

MAIL

PDF is available on hfma.org/facultyapplication.
Mail to Healthcare Financial Management Association
5195 Eagle Way
Chicago, Illinois 60678-1051

CALL

Contact Member Service at (800) 252-4362, ext. 2