

## 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)

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

## Job Level

President/CEO/Executive Director  
Partner, Principal or Owner  
CFO/Controller  
Other Chief Officer Excluding CFO  
Vice President  
Assistant/Associate Vice President Excluding CFO  
Director/Manager/Supervisor  
Clinical/Physician  
Clinical/Non-Physician  
Staff Specialist or Professional (Analyst/Accountant/Consultant)  
Professor/Academic

## Organization Type

Health System/Hospital  
Physician Practice/Clinic  
Health Plan  
Business Partner  
Other - please specify:

## Chapter Affiliation

Indicate preferred chapter affiliation.†

## Sponsor Name

Sponsor is not required for membership.

## Membership Dues

### Individual Membership

Healthcare business leaders, including finance professionals and business partners.

### New to HFMA Individual Membership

First-year introductory rate for healthcare business leaders, including finance professionals and business partners.

### New to HFMA Physician and Other Clinician Membership

First-year introductory rate for physicians and other clinician as well as medical group or clinic personnel.

### New to HFMA Health Plan Membership

First-year introductory rate for health plan leaders.

### Faculty Membership

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

### Retired Membership

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

### Student e-Membership

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

Extended Membership (through May 2019) Prorated Membership\*\*\* (through May 2018)

\$ 455 \$ 120

\$ 385 \$ 150

\$ 155 \$ 50

\$ 155 \$ 50

\$ 155 \$ 50

\$ 58 \$ 18

\$ 0 \$ 0

\*Required Information. \*\*Optional. \*\*\*Pay the prorated dues through May 31, 2018 and be billed in June to renew your HFMA membership for the upcoming fiscal year (June 1 - May 31).

## HFMA Forums\*\*

[hfma.org/forums](http://hfma.org/forums)

Each Forum \$110 or join all Forums for \$220

CFO  
Legal & Regulatory  
Payment & Reimbursement  
Revenue Cycle  
All Forums

## HFMA Newsletters\*\*

[hfma.org/newsletters](http://hfma.org/newsletters)

Healthcare Cost  
Containment, \$120  
Revenue Cycle Strategist, \$130  
Strategic Financial Planning, \$165

Total: \$

Total = membership dues + optional newsletters and forums

## Payment Information:

Check Enclosed (Payable to HFMA)  
Visa MasterCard Discover AMEX

CARD NUMBER

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

EXPIRATION DATE

CVV CODE

## Affirmation

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. To read the HFMA Code of Ethics go to [hfma.org/code](http://hfma.org/code).

SIGNATURE

DATE

† 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 [memberservices@hfma.org](mailto:memberservices@hfma.org). Annual regular membership includes a \$30 allocation to hfma 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.