

## 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](http://hfma.org/facultyjoin) to apply online

#### MAIL

PDF is available on [hfma.org/facultyapplication](http://hfma.org/facultyapplication).  
Mail to Healthcare Financial Management Association  
5195 Eagle Way

#### CALL

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