

Personal Information, *required

Mr. Ms. Dr. Other

*FULL NAME

*JOB TITLE

*ORGANIZATION NAME

*STREET ADDRESS LINE 1

STREET ADDRESS LINE 2, NOT REQUIRED

*CITY *STATE *ZIP CODE

*This mailing address is my: Home Business

*PHONE NUMBER

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

ALTERNATE EMAIL

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

Job Level

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

Organization Type

Hospital or Medical Center	Consulting Firm
Ambulatory Care Clinic	Managed Services/Outsourcing/Temporary Staffing
Home Health Agency, VNA, or Hospice	Law Firm
Other Provider or Clinical Service (Lab, Imaging Center)	GPO/Purchasing Alliance
Skilled Nursing, Rehab, or Other Subacute Facility	Third Party Administration
Medical Group or Specialty Practice	Professional/Trade Association or Publisher
HMO Health Plan or Insurance	Educational Institution
Company	Physician Practice Management Firm
Accounting Firm	Advertising Agency
Collection and A/R Recovery Service	Library
	Other/Non-Provider

Membership Dues

Professional Membership

Designed for individuals working in hospitals, health plans, physician practices and others in healthcare settings, as well as clinician leaders.

\$ 455 (1 yr.)
860 (2 yrs.)

Business Partner Membership

Designed for service providers and industry partners – excludes online HFMA community groups benefit.

\$ 495

Faculty Membership

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

\$ 195 (1 yr.)
390 (2 yrs.)

Student Membership

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

\$ 50

TOTAL \$

For a complete look at the portfolio of member resources visit hfma.org/benefits

Chapter Affiliation

Indicate preferred chapter affiliation.*

Sponsor Name

Please indicate the person who suggested you join. Not required for membership.

Payment Information:

Check Enclosed (Payable to HFMA)
 Visa MasterCard Discover AMEX

CARD NUMBER

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

EXPIRATION DATE CVV CODE

Payment of membership acknowledges your agreement to abide by HFMA's Code of Ethics. To view HFMA's Code of Ethics, you may visit hfma.org/about-hfma/bylaws.

* 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.