Individual Membership Application 2018

For instant access to resources, apply at www.cmsa.org/join

ADDRESS INFORMATION Please Print

LAST NAME

Please Read:

as a business expense.

6301 Ranch Drive, Little Rock, AR 72223 PH: (800) 216-CMSA or (501) 225-2229 FX: (501) 421-2135 Email: cmsa@cmsa.org

FIRST NAME

T	10	NΑ	L)U	ES	:	

□ Standard Rate	.\$170	
Save \$10 when you join online!		
☐ Military (includes VA & Govt)	\$123	

Student (ID required) ... Must be enrolled in health care educational program. Enclose copy of current student ID.

Auto Monthly Installments:

Monthly Auto Renewal Dues: \$15/month plus full chapter dues on 1st monthly payment.

☐ Monthly New Members Dues: \$14/month plus full chapter dues on 1st monthly payment.

For more details on Payment Options, Terms & Conditions, visit www.cmsa.org/join and select Membership Types & Rates. Want to pay for Two Years at a time with a built

Currently, individual Military or Student memberships do not apply.

in discount? Download the Two Year application at www.cmsa.org/join.

CREDENTIALS

CHAPTER DUES

۵.	AL1	Birmingham	\$25
۵.	AL2	Tuscaloosa \$25	& \$15 for Student
٦.	AR1	Little Rock	\$15
٦.	AR2	Fayetteville	\$15
Ξ.	AZ1	Phoenix/Tucson	\$25
۵.	CA1	Los Angeles area.	\$35
۵.	CA3 .	San Diego	\$35
۵.	CA4	Fresno	\$35
Ξ.	CA5	San Jose	\$30

CHAPTER	DUES:	
□CA6	San Francisco	\$30
□CA12	Sacramento	\$25
□CO1	Denver	\$25
□CO2	Colorado Springs	\$25
□CT1	Hartford	\$20
□DC2	Washington DC	\$25
	Orlando	
□FL3	Dade/Broward Cty	\$25
□FL4	Jacksonville/Gainsville	\$20
□FL5	Tampa Bay Area	\$20
	Atlanta	
□GA2	Augusta	\$15
□HI2	Honolulu	\$25
□IL1	Chicago	\$25
□IN2	Indianapolis	\$30
□IN3	Ft. Wayne	\$30
□KY2	Louisville	\$30
□LA1	New Orleans	\$10
	Shreveport	
■MA1-A	. New England (MA, ME, RI, NH, VT)	\$35
□MA1-B	. New England (MA, ME, RI, NH, VT)	\$75
■MD1	Baltimore	\$20
□MI1	Detroit	\$30
□MI4	Grand Rapids	\$20
	Minneapolis	
	Kansas City	
■MO2-A.	St. Louis	\$30
	St. Louis	
■MO3	Springfield	\$15
	Greensboro/Pinehurst	
□NC2	Charlotte	\$25
□NC3	Fayettevile	\$30
	Raleigh	
□NC7	Asheville	\$30
□NE1-A	Omaha	\$30
□NE1-B	Omaha	\$60
□NJ2	Woodbridge	\$25
□NM1	Albuquerque	\$25
□NV1	Las Vegas	\$35
□NY1	New York City	\$20
	Long Island	
□NY5	Albany	\$25
□NY6	Hudson Valley	\$25
	Cincinnati	
	Cleveland	
	OK City	
	Tulsa	
	Portland	
	Pittsburgh	
□PA4	Danville	\$20
	Philadelphia	
	Columbia	
	Nashville	
	Knoxville	
	Chattanooga	
☐TN4	Memphis	\$20
	Dallas	
	Houston/Gulf	
	Houston/Gulf	
	San Antonio	
	Richmond	
	Hampton Roads	
	Seattle	
	Spokane	
□WI1	Milwaukee	\$30

HOME ADDRESS CITY STATE ZIP COUNTRY HOME PHONE HOME FAX HOME EMAIL **BUSINESS NAME/** TITLE **EMPLOYER** CITY STATE ZIP COUNTRY BUSINESS PHONE (with ext.) BUS. FAX **BUSINESS EMAIL** PREFERRED CONTACT INFORMATION: Mailing Address: ☐ HOME ☐ BUSINESS Telephone: ☐ HOME ☐ BUSINESS Fax: ☐ HOME ☐ BUSINESS Notice: CMSA periodically sends industry related news and updates via email. Please indicate your preferred email address if you wish to receive these case management resources MEMBERSHIP CLASSIFICATION Please check the appropriate category. NOTE: Both categories have voting privileges, but only "A" members are eligible to hold local and/or national office. Individuals requesting "A" category must provide credentials and job title CASE MANAGER "A"—Individuals engaged in the field of CM; have a health professional degree, current license, or national certification in the health or human services profession. ☐ ASSOCIATE "B"—Individuals actively providing CM related services or products; Individuals who do not qualify as Case Manager "A" members. SIGNATURE AND PAYMENT INFORMATION ☐ CHECK/MONEY ORDER. Enclose amount in US dollars for the total amount due. Make checks payable to CMSA. □ CHARGE: Please include card number and expiration date with charge orders. □ VISA □ MASTERCARD □ AMERICAN EXPRESS □ DISCOVER **EXPIRATION DATE** CARD NO. CARDHOLDER NAME (Please Print) SIGNATURE PAYMENT OPTIONS MEMBERSHIP INFORMATION: All members join the National CMSA. CMSA offers payment options for Individual A & Individual B Member Types. Members within a 60 mile radius of a chapter are required to join that chapter. Please select if you would like to join using one of these payment plans. Members may opt to join one or more chapters outside of their 60 mile radius. Membership is a one-year anniversary cycle. (Membership year may be prorated if full dues are not submitted)

TOTAL Ntl Dues +	TAL Ntl Dues + Chapter Dues =		
DISCOUNT CODE (if applicable:	\$-		
GRAND TOTAL T	otal - Discount =	\$	

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Madison

5% of national member dues are dedicated to pursuits of health policy issues and are not deductible

Access to online publications and other member benefits available upon processing of membership.

SIGNATURE DATE

Dues are not deductible as a charitable contribution for Income Tax purposes. Dues may be considered ordinary and necessary business deductions

Email confirmation/receipt will be sent upon processing.

Allow 4-6 weeks to receive print Standards of Practice.

Individual Memberships are not transferrable nor refundable.