

Individual Membership Application 2018

Two (2) Year Renewal



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

NATIONAL DUES:
 Standard Rate.....\$310
 Military (includes VA & Govt).....\$216

CHAPTER DUES:
 .. AL1 Birmingham.....\$50
 .. AL2 Tuscaloosa ... \$50 & \$30 for Student
 .. AR1 Little Rock\$30
 .. AR2 Fayetteville.....\$30
 .. AZ1 Phoenix/Tucson\$50
 .. CA1 Los Angeles area.....\$70
 .. CA3 San Diego\$70
 .. CA4 Fresno.....\$70
 .. CA5 San Jose.....\$60

CHAPTER DUES:
 .. CA6 San Francisco\$60
 .. CA12 Sacramento\$50
 .. CO1 Denver\$50
 .. CO2 Colorado Springs.....\$50
 .. CT1 Hartford\$40
 .. DC2 Washington DC\$50
 .. FL2 Orlando\$40
 .. FL3 Dade/Broward City\$50
 .. FL4 Jacksonville/Gainesville\$40
 .. FL5 Tampa Bay Area\$40
 .. GA1 Atlanta\$30
 .. GA2 Augusta\$30
 .. HI2 Honolulu\$50
 .. IL1 Chicago\$50
 .. IN2 Indianapolis\$60
 .. IN3 Ft. Wayne\$60
 .. KY2 Louisville\$60
 .. LA1 New Orleans.....\$20
 .. LA2 Shreveport.....\$60
 .. MA1-A. New England (MA, ME, RI, NH, VT) ...\$70
 .. MA1-B. New England (MA, ME, RI, NH, VT) ...\$150
 .. MD1 Baltimore\$40
 .. MI1 Detroit.....\$60
 .. MI4 Grand Rapids\$40
 .. MN1 Minneapolis\$70
 .. MO1 Kansas City\$70
 .. MO2-A. St. Louis\$60
 .. MO2-B. St. Louis\$150
 .. MO3 Springfield\$30
 .. NC1 Greensboro/Pinehurst\$60
 .. NC2 Charlotte.....\$50
 .. NC3 Fayetteville.....\$60
 .. NC4 Raleigh\$60
 .. NC7 Asheville\$60
 .. NE1-A. Omaha\$60
 .. NE1-B. Omaha\$120
 .. NJ2 Woodbridge\$50
 .. NM1 Albuquerque\$50
 .. NV1 Las Vegas.....\$70
 .. NY1 New York City\$40
 .. NY3 Long Island.....\$40
 .. NY5 Albany\$50
 .. NY6 Hudson Valley\$50
 .. OH4 Cincinnati\$30
 .. OH6 Cleveland\$30
 .. OK1 OK City\$50
 .. OK2 Tulsa\$50
 .. OR2 Portland.....\$60
 .. PA3 Pittsburgh\$50
 .. PA4 Danville\$40
 .. PA13 Philadelphia\$40
 .. SC1 Columbia\$40
 .. TN1 Nashville\$40
 .. TN2 Knoxville\$40
 .. TN3 Chattanooga.....\$40
 .. TN4 Memphis\$40
 .. TX1 Dallas\$50
 .. TX2-A. Houston/Gulf\$50
 .. TX2-B. Houston/Gulf\$150
 .. TX8 San Antonio\$70
 .. VA1 Richmond\$70
 .. VA2 Hampton Roads\$50
 .. WA1 Seattle\$60
 .. WA2 Spokane\$60
 .. WI1 Milwaukee\$60
 .. WI3 Madison\$50

For instant access to resources, apply at www.cmsa.org/join
[ADDRESS INFORMATION](#) Please Print

LAST NAME	FIRST NAME	MIDDLE INITIAL	CREDENTIALS		
HOME ADDRESS	CITY	STATE	ZIP	COUNTRY	
HOME PHONE	HOME FAX	HOME EMAIL			
BUSINESS NAME/EMPLOYER	TITLE				
BUSINESS ADDRESS	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 Email: 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 REFERRED BY: _____

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

CARD NO. - - - EXPIRATION DATE -

CARDHOLDER NAME (Please Print) _____ SIGNATURE _____

MEMBERSHIP INFORMATION:

- All members join the National CMSA.
- Members within a 60 mile radius of a chapter are required to join that chapter.
- 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).
- Email confirmation/receipt will be sent upon processing.
- Allow 4-6 weeks to receive print Standards of Practice.
- Access to online publications and other member benefits available upon processing of membership.

- Please Read:**
- Individual Memberships are not transferrable nor refundable.
 - Dues are not deductible as a charitable contribution for Income Tax purposes.
 - Dues may be considered ordinary and necessary business deductions
 - 5% of national member dues are dedicated to pursuits of health policy issues and are not deductible as a business expense.

YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND AGREE TO THE CONDITIONS OF THIS APPLICATION.

SIGNATURE _____ DATE _____

PAYMENT OPTIONS

CMSA also offers 1 year payments both billed and auto renewals, or monthly installment payments.

For more details on *Payment Options, Terms & Conditions*, visit www.cmsa.org/join and select *Membership Types & Rates*.

TOTAL Ntl Dues + Chapter Dues =	\$ _____
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DISCOUNT CODE (if applicable):	\$ - _____
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GRAND TOTAL Total - Discount =	\$ _____
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