

Individual Membership Application 2020



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

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	TITLE		
BUSINESS NAME/EMPLOYER	CITY		STATE	ZIP	COUNTRY
BUSINESS ADDRESS	BUS. FAX	BUSINESS EMAIL			
PREFERRED CONTACT INFORMATION: Mailing Address: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS Telephone: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS Fax: <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS Email: <input type="checkbox"/> HOME <input type="checkbox"/> 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 _____

NATIONAL DUES:

- Standard\$170
Save \$10 when you join online!
- Military (includes VA & Govt)\$123
- Student (ID Required)\$110
Must be enrolled in health care educational program. Enclose copy of current student ID.

CHAPTER DUES:

- AL1...Birmingham\$25
- AR1...Little Rock\$15
- AZ1...Phoenix / Tucson\$25
- CA1...Los Angeles area\$35
- CA3...San Diego\$35
- CA4...Fresno\$35

CHAPTER DUES (CONTINUED):

- CA5...San Jose\$30
- CA6...San Francisco\$30
- CA12...Sacramento\$25
- CO1...Denver\$25
- CO2...Colorado Springs\$25
- DC2...Washington DC\$25
- FL2...Orlando\$20
- FL3...Dade/Broward Cty\$25
- FL4...Jacksonville/Gainesville\$20
- FL5...Tampa Bay Area\$20
- GA1...Atlanta\$15
- GA2...Augusta\$15
- HI2...Honolulu\$25
- IL1...Chicago\$25
- IN2...Indianapolis\$30
- IN3...Ft. Wayne\$30
- KY2...Louisville\$30
- LA1...New Orleans\$10
- LA2...Shreveport\$30
- MA1-A...New England (MA, ME, RI, NH, VT)\$35
- MA1-B...New England (MA, ME, RI, NH, VT) ...\$35
- MD1...Baltimore\$20
- MI1...Detroit\$30
- MI4...Grand Rapids\$20
- MN1...Minneapolis\$35
- MO1...Kansas City\$35
- MO2-A...St. Louis\$30
- MO2-B...St. Louis\$75
- MO3...Springfield\$15
- NC2...Charlotte\$25
- NC3...Fayetteville\$30
- NC4...Raleigh\$30
- NE1-A...Omaha\$30
- NE1-B...Omaha\$60
- NJ2...Woodbridge\$25
- NM1...Albuquerque\$25
- NV1...Las Vegas\$35
- NY1...New York City\$20
- NY3...Long Island\$20
- NY5...Albany\$25
- NY6...Hudson Valley\$25
- OH4...Cincinnati\$25
- OH6...Cleveland\$15
- OK1...OK City\$25
- OK2...Tulsa\$25
- OR2...Portland\$30
- PA3...Pittsburgh\$25
- PA4...Danville\$20
- PA13...Philadelphia\$20
- TN1...Nashville\$20
- TN2...Knoxville\$20
- TN3...Chatanooga\$20
- TN4...Memphis\$20
- TX1...Dallas\$25
- TX2-A...Houston/Gulf\$25
- TX2-B...Houston/Gulf\$75
- TX8...San Antonio\$35
- VA1...Richmond\$35
- VA2...Hampton Roads\$25
- WA1...Seattle\$30
- WA2...Spokane\$30
- WI3...Madison\$25

PAYMENT OPTIONS

CMSA offers payment options for Individual A & Individual B Member Types. Please select if you would like to join using one of these payment plans.

• 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.

Currently, individual Military or Student memberships do not apply. 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 in discount? Download the Two Year application at www.cmsa.org/join.

TOTAL	Ntl Dues + Chapter Dues =	\$
-------	---------------------------	----

DISCOUNT CODE (please write code)	If applicable:	-
-----------------------------------	----------------	---

GRAND TOTAL	Total - Discount =	\$
-------------	--------------------	----