

I am already a National member and I am joining a local chapter. My Membership number is: _____
 (For Chapter membership processing, please complete your membership number, Section A and Section E only)

I was recruited by: _____

SECTION A: CONTACT

First Name: _____ **MI:** _____ **Last Name:** _____

Birth date: _____ / _____ / _____ **Gender:** _____
Month Day Year Female Male

Title: _____ **Credentials:** _____

Department: _____

Organization: _____

IMPORTANT: Please provide both home and work contact information. (Please type or print)

BUSINESS Mailing Address: _____

City: _____ **Province/County:** _____

State: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Country: _____

Email: _____

HOME Mailing Address: _____

City: _____ **Province/County:** _____

State: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Country: _____

Email: _____

ACMA allows Members to customize their mailing preferences.
 Please indicate at which of the above addresses you want to receive each ACMA correspondence.

Preferred Mailing Address: Membership card, conference brochures and <i>Collaborative Case Management Journal</i>	BUSINESS	HOME
	<input type="checkbox"/>	<input type="checkbox"/>
Preferred E-Mail Address: Renewal notices, electronic reminders and event invitations	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: EDUCATION & LICENSE INFORMATION

UNDERGRADUATE INFORMATION

School: _____

Major: _____ **Date Completed:** _____

GRADUATE INFORMATION

School: _____

Major: _____ **Date Completed:** _____

License Number: RN: _____ and/or SW: _____

SECTION C: ASSOCIATION PARTICIPATION

- Please mark any areas of interest in which you desire to participate:*
- Annual Meeting/Conference Planning
 - Credentialing Issues
 - Grant Writing
 - Membership Service Development
 - Membership Recruitment
 - Professional Development/Mentorship
 - Fundraising
 - Publications
 - Legislative Issues
 - Other: _____

SECTION D: MEMBERSHIP LEVELS AND DESCRIPTIONS

Please check the option that best describes you in each section.

1. Profession:

Nurse Social Work Physician Support Staff Other

2. Practicing Function:

Practicing Professional – Case Managers with a daily case load

Leadership - management or oversight of Case Management services

Clinical Documentation Specialist – professionals who provide Clinical Documentation Services for Hospital/Health Systems within case management services

Public Service Agent - Professionals providing or responsible for Case Management Services outside a Hospital/Healthcare System and work directly for a public service agency that does NOT provide any billable services

Physician Advisor - Physicians who work with a Hospital / Health Care system supporting the practice of Case Management

Other (please specify): _____

SECTION E: PAYMENT INFORMATION

You can enjoy many of the same membership benefits throughout the year at a convenient, local level. Add the Chapter's dues to your ACMA national dues and indicate on the Total Amount Enclosed line at right.

<u>Chapters</u>	<u>Annual Dues</u>
Arizona	No Annual Dues
Central TX	No Annual Dues
Connecticut	No Annual Dues
Dallas-Fort Worth	No Annual Dues
Eastern Pennsylvania	No Annual Dues
Florida	No Annual Dues
Georgia	No Annual Dues
Great Lakes	No Annual Dues
Greater Houston	\$25.00
Illinois	No Annual Dues
Kentucky/Tennessee	No Annual Dues
Maryland	No Annual Dues
Massachusetts	No Annual Dues
Minnesota	No Annual Dues
Missouri/Kansas	No Annual Dues
Missouri/Illinois Gateway	\$25.00
New Jersey	No Annual Dues
New York	No Annual Dues
North Carolina	No Annual Dues
Northern California	No Annual Dues
Ohio	No Annual Dues
Oregon	No Annual Dues
South Carolina	No Annual Dues
Southern California	No Annual Dues
Utah	No Annual Dues
Virginia	No Annual Dues
Washington	No Annual Dues
West Virginia	No Annual Dues
Western Pennsylvania	No Annual Dues
Wisconsin	No Annual Dues

If paying for more than one membership, please send all applications together with payment.

I have enclosed ACMA National dues in the amount of \$135.00

I have enclosed discounted ACMA National dues in the amount of \$60.00
 (Retired, student, and support staff roles only)

(Optional) I want to join ACMA's _____ Chapter.

And have enclosed local dues of _____.

TOTAL AMOUNT ENCLOSED \$ _____.

Payment Method: Check/Money Order Credit Card

Card Number: _____

Expiration Date: _____

Name as it appears on card: _____

Signature: _____

Any returned checks will incur a \$5.00 insufficient funds fee to be added to the dues amount.

Your ACMA membership will be valid for one full year from the end of the month it is processed in.

I attest that I meet the membership criteria as outlined above and the information on this application is accurate and current. By joining, each member of the American Case Management Association (ACMA) pledges and agrees to: Act honestly, truthfully, consistently and with integrity and free from outside influence in all professional and ACMA transactions and dealings; Be informed and adhere to the organization's missions, services, policies, and programs, and to inform others about the Association; Adhere to ACMA guidelines and policies; Not attempt to represent any acts or statements in such a way as to lead others to believe that they officially represent The ACMA, unless duly authorized by The ACMA Board of Directors; Nominate and vote for the best qualified personnel available after considering experience, membership and characteristics of individuals demonstrating potential to serve the Association; Promptly report any possible conflicts of interest or other possible violations of the ACMA Member Code of Conduct by any member to the Association President or Chief Executive Officer (CEO). The CEO and Association President will determine the appropriate course of action.

Applicant Signature

Date

Provided the application and payment are complete, please allow two weeks for processing.