

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.....\$25
 AL2 Tuscaloosa ... \$25 & \$15 for Student
 AR1 Little Rock.....\$15
 AR2 Fayetteville.....\$15
 AZ1 Phoenix/Tucson.....\$25
 CA1 Los Angeles area.....\$35
 CA3 San Diego.....\$35
 CA4 Fresno.....\$35
 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.....Pending
 FL2 Orlando.....\$20
 FL3 Dade/Broward City.....\$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 New England (MA, ME, RI, NH, VT).....\$25
 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
 NC1 Greensboro/Pinehurst.....\$30
 NC2 Charlotte.....\$25
 NC3 Fayetteville.....\$30
 NC4 Raleigh.....\$30
 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
 NY3 Long Island.....\$20
 NY5 Albany.....\$25
 NY6 Hudson Valley.....\$25
 OH4 Cincinnati.....\$15
 OH6 Cleveland.....\$15
 OK1 OK City.....\$25
 OK2 Tulsa.....\$25
 OR2 Portland.....\$30
 PA3 Pittsburgh.....\$25
 PA4 Danville.....\$20
 PA13 Philadelphia.....\$20
 SC1 Columbia.....\$20
 TN1 Nashville.....\$20
 TN2 Knoxville.....\$20
 TN3 Chattanooga.....\$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
 WI1 Milwaukee.....\$30
 WI2 Green Bay.....\$25
 WI3 Madison.....\$25

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.

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**.

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

SIGNATURE _____ DATE _____

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