



6301 Ranch Dr
 Little Rock, AR 72223
 Ph: (501) 225-2229
 Fax: (501) 221-9068
 E-mail: cmsa@cmsa.org
 Website: www.cmsa.org

INDIVIDUAL MEMBERSHIP

Complete all information to permit processing of application. Please print.

First Name: _____ MI: _____ Last: _____

Credentials: _____ CCM ID #:

M	-						
---	---	--	--	--	--	--	--

 Birthday: _____ / _____ / _____
(Required For "A" Membership) (Not required for membership) Month Day Year

ADDRESS INFORMATION

Home:

Address _____

City State Zip Country

() _____

Area Code Telephone Number (if unlisted, leave blank)

() _____

Area Code Fax Number E-mail Address

Business:

Company Title

Address _____

City State Zip Country

() _____

Area Code Telephone Number

() _____

Area Code Fax Number E-mail Address

Bilingual: Yes: _____ No
Language(s)

Please Check your Preferred:

Mailing Address: Home Business
 Telephone Number: Home Business
 Fax Number: Home Business
 E-mail Address: Home Business

MEMBERSHIP CLASSIFICATION

Please check the appropriate category:

- Case Manager "A"** – Individuals engaged in the field of case management; have a health professional degree, current license, or national certification in the health or human services profession.
- Associate "B"** – Individuals actively providing case management related services and/or products; Individuals who do not qualify as Case Manager members.

NOTE: Both categories have voting privileges, but only "A" members are eligible to hold local and/or national offices. Individuals requesting "A" category must provide credentials above. Please attach your job description.

PROFESSIONAL INFORMATION

Please select one work setting and one area of expertise that best fits your practice:

Work Settings

- A. Acute Care
- B. Ambulatory/Comm Care
- C. Attorney Practice
- D. Business Owners
- E. Disability Insurance
- F. Disease Management
- G. Education/Research
- H. Employer/Occup Health
- I. Government Agency
- J. Health Insurance/MCO
- K. Home Care
- L. Independent CM Co
- M. Long-term Care/Subacute
- N. MD Practice/PSO
- O. Other
- P. Rehabilitation Facility
- Q. Workers' Comp

Expertise

- A. Admin/Management
- B. AIDS/HIV
- C. Behavioral Health
- D. Brain Injury/Disease
- E. Burns/Wound Care
- F. Cancer/Hospice
- G. Catastrophic/Sp Cord Inj
- H. Dis Mgmt/Chronic Illness
- I. Elder Care
- J. Insurance
- K. Legal/Life Care Plan
- L. Occupational Health
- M. Other
- N. Pediatrics
- O. Perinatal Care
- P. Rehabilitation
- Q. Sales/Marketing
- R. Transplant
- S. Voc. Rehab Counseling

DATA PROFILE

Caseload Per Month:

None 1-10 11-30 31-50 50+

Number of Years in CM:

0-3 4-6 7-10 Over 10

Number of Years in Clinical Practice:

0-10 11-15 16-20 Over 20

Role in purchasing health services or equipment:

- Primary Decision Maker
 Recommend for Purchase
 Offer Input
 Do not Participate in Decision Making

The following voluntary information is collected for demographic purposes only. Individual confidentiality will be maintained, although statistical data may be published in the aggregate. Information provided will not be used or considered in connection with any decision regarding membership.

Racial-ethnic origin (please check only one):

- White (Caucasian) American Indian or Alaskan Native
 Black or African American Middle Eastern/Indian
 Hispanic Native Hawaiian or Pacific Islander
 Asian Other: _____

Do you have a disability? Yes No

Current Salary Range:

\$25K-\$45K \$46K-\$75K \$76K-\$100K Over \$100K

PLEASE READ THE FOLLOWING!

All members are required to join CMSA at both the national and local levels if the local chapter is within 60 minutes or 60 miles of your preferred mailing address. Members may join more than one chapter as long as all applicable dues are paid. To determine your chapter affiliation/dues, please refer to the list on this page and select the chapter(s) you wish to join. To contact a local chapter, please visit: www.cmsa.org/directories/chapterleaders/.

Please enclose your national and applicable chapter dues along with your completed application to CMSA National for processing. The CMSA membership year is based on a one-year anniversary cycle. **IMPORTANT:** Please refer to your membership card to determine your expiration date.

(Signature)

(Date)

Your signature verifies that you have read and agree with the conditions of this application. CMSA does pro-rate dues when less than the correct amount for national and local dues is received. **Membership in this Society is not refundable nor transferable.** Please allow 7-10 days for membership number & Standards of Practice. Member Services Handbook & Card will arrive by the 15th of the following month. Publications begin with next mailing cycle.

Dues are not deductible as charitable contributions for Income Tax purposes. Dues may be considered ordinary and necessary business deductions. (2% of national member dues are dedicated to pursuits of health policy issues and are not deductible).

FOR OFFICE USE ONLY

Please complete steps 1 – 5

1. LOCAL CHAPTER DUES

Please select the appropriate chapter(s). Local chapter required if within 60 mile/60 minute radius.

Chapter	Fee
<input type="checkbox"/> AL1 Birmingham/Tuscaloosa	\$50
<input type="checkbox"/> AL2 Huntsville	\$25
<input type="checkbox"/> AR1 Little Rock	\$15
<input type="checkbox"/> AR2 Fayetteville	\$15
<input type="checkbox"/> AZ1 Phoenix	\$25
<input type="checkbox"/> CA1 Los Angeles area	\$45
<input type="checkbox"/> CA4 Fresno	\$25
<input type="checkbox"/> CA5 San Jose	\$30
<input type="checkbox"/> CA6 San Francisco	\$30
<input type="checkbox"/> CA12 Sacramento	\$25
<input type="checkbox"/> CO1 Denver/CO Springs	\$25
<input type="checkbox"/> CT1 Hartford	\$15
<input type="checkbox"/> DC1 Washington DC	\$25
<input type="checkbox"/> DE1 Newark	\$15
<input type="checkbox"/> FL2 Orlando	\$20
<input type="checkbox"/> FL3 Dade/Broward Cty	\$25
<input type="checkbox"/> FL4 Jacksonville	\$20
<input type="checkbox"/> FL6 Palm Beach	\$25
<input type="checkbox"/> FL8 Pensacola	\$10
<input type="checkbox"/> FL9 Ft Walton Beach	\$9
<input type="checkbox"/> FL10 Panama City	\$15
<input type="checkbox"/> GA1 Atlanta	\$15
<input type="checkbox"/> GA2 Augusta	\$15
<input type="checkbox"/> HI2 Honolulu	\$25
<input type="checkbox"/> IA1 Des Moines	\$35
<input type="checkbox"/> IL1 Chicago	\$25
<input type="checkbox"/> IN2 Indianapolis	\$30
<input type="checkbox"/> IN3 Ft. Wayne	\$30
<input type="checkbox"/> KY3 Lexington	\$30
<input type="checkbox"/> LA1 New Orleans	\$10
<input type="checkbox"/> LA2 Shreveport	\$30
<input type="checkbox"/> MA1 New England (MA, ME, RI, NH)	\$20
<input type="checkbox"/> MD1 Baltimore	\$20
<input type="checkbox"/> MI1 Detroit	\$20
<input type="checkbox"/> MI4 Grand Rapids	\$20
<input type="checkbox"/> MN1 Minneapolis	\$35
<input type="checkbox"/> MO1 Kansas City	\$35
<input type="checkbox"/> MO2-A St. Louis	\$30
<input type="checkbox"/> MO2-B St. Louis	\$75
<input type="checkbox"/> MO3 Springfield	\$15
<input type="checkbox"/> MS2 Jackson	\$25
<input type="checkbox"/> NC1 Greensboro/Pinehurst	\$30
<input type="checkbox"/> NC2 Charlotte	\$25
<input type="checkbox"/> NC3 Fayetteville	pending
<input type="checkbox"/> NC4 Raleigh	\$30
<input type="checkbox"/> NC7 Asheville	\$30
<input type="checkbox"/> NE1 Omaha	\$15
<input type="checkbox"/> NJ2 Woodbridge	\$25
<input type="checkbox"/> NM1 Albuquerque	\$25
<input type="checkbox"/> NV1 Las Vegas	\$35
<input type="checkbox"/> NV2 Reno	\$20
<input type="checkbox"/> NY1 New York City	\$20
<input type="checkbox"/> NY3 Long Island	\$20
<input type="checkbox"/> NY6 Hudson Valley	\$25
<input type="checkbox"/> OH4 Cincinnati	\$15
<input type="checkbox"/> OK1 OK City/Tulsa	\$25
<input type="checkbox"/> OR2 Portland	\$30
<input type="checkbox"/> PA3 Pittsburgh	\$25
<input type="checkbox"/> PA4 Danville	\$20
<input type="checkbox"/> PA13 Philadelphia	\$20
<input type="checkbox"/> TN1 Nashville	\$20
<input type="checkbox"/> TN2 Knoxville	\$20
<input type="checkbox"/> TN3 Chattanooga	\$20
<input type="checkbox"/> TN4 Memphis	\$20
<input type="checkbox"/> TX1 Dallas	\$25
<input type="checkbox"/> TX2-A Houston/Gulf	\$25
<input type="checkbox"/> TX2-B Houston/Gulf	\$75
<input type="checkbox"/> TX8 San Antonio	\$25
<input type="checkbox"/> VA1 Richmond	\$35
<input type="checkbox"/> VT1 Montpelier	\$25
<input type="checkbox"/> WA1 Seattle	\$30
<input type="checkbox"/> WA2 Spokane	\$30
<input type="checkbox"/> WI1 Milwaukee	\$25
<input type="checkbox"/> WI2 Green Bay	\$25
<input type="checkbox"/> WI3 Madison	\$25

Listing current as of 12/29/2006

Where did you hear about CMSA?

- Work
 Friend
 Web site
 Conference
 Publication-Which? _____
 Other: _____

2. NATIONAL DUES (SELECT ONE)

- Standard Rate** \$135
 New Members \$125
 (United States Only)

Other Rates Available:

- Military/VA Rate**..... \$98
 Fulltime, Contract or Retired – spouses not eligible

- Student (ID Required)** ... \$85
Discounted For Students Only

I certify that I am currently enrolled in the following **health care related** educational program: _____

(Signature)

(Enclose copy of current student ID)

5. METHOD OF PAYMENT

TOTAL DUE

National: \$ _____

Local: _____ \$ _____
 (Specify)

TOTAL \$ _____

Enclose amount in US Dollars for the TOTAL amount shown above.

- Check/Money Order
 VISA MC AMEX Discover

Please include card # and expiration date:

(Name on Card)

(Card#)

(Expiration)

(Signature)

- National Quarterly Installments** (Credit Cards Only)

Please charge National dues on my credit card below in four quarterly installments of \$41.25 (includes processing fee) with the first installment payable immediately. Chapter dues must be paid in full with the first installment.

(New members pay \$38.75)

Does not apply to Military/VA or Student Rates.