Individual Membership Application

For instant access to resources, apply at www.cmsa.org/join

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

For International member rates & benefits, visit www.cmsa.org.

NATIONAL DUES:

- ❑ Standard $145

Save $10 when you join online!

- ❑ Military (includes VA & Govt) .....$ 98
- ❑ Student (ID required) .....$ 85

Must be enrolled in health care educational program. Enclose copy of current student ID.

CHAPTER DUES:

❑	AK1.....Anchorage.	$20
❑	AL1.....Birmingham/Tuscaloosa	$25
❑	AL2.....Huntsville.	$25
❑	AR1.....Little Rock	$15
❑	AR2.....Fayetteville	$15
❑	AZ1.....Phoenix	$25
❑	CA1.....Los Angeles area	$45
❑	CA4.....Fresno	$35
❑	CA5.....San Jose	$30
❑	CA6.....San Francisco	$30
❑	CA12.....Sacramento.	$25
❑	CO1 .....Denver/CO Springs	$25
❑	CT1.....Hartford	$15
❑	DC1 .....Washington DC	$25
❑	FL2 .....Orlando.	$20
❑	FL3 .....Dade/Broward Cty	$25
❑	FL4 .....Jacksonville	$20
❑	FL10 .....Panama City	$15
❑	GA1 .....Atlanta	$15
❑	GA2. .....Augusta	$15
❑	HI2 .....Honolulu	$25
❑	IA1 .....Des Moines	$35
❑	IL1.....Chicago	$25
❑	IN2.....Indianapolis	$30
❑	IN3.....Ft. Wayne	$30
❑	KY1.....Louisville	pending
❑	KY3.....Lexington.	$10
❑	LA1 .....New Orleans	$10
❑	LA2 .....Shreveport	$30
❑	MA1 .....New England.(MA, ME, RI, NH, VT).	$25
❑	MD1.....Baltimore .	$20
❑	MI1 .....Detroit	$20
❑	MI3.....Marquette	pending
❑	MI4.....Grand Rapids	$20
❑	MN1.....Minneapolis	$35
❑	MO1.....Kansas City	$35
❑	MO2-A..St. Louis	$30
❑	MO2-B..St. Louis	$75
❑	MO3.....Springfield	$15
❑	MS2.....Jackson	$25
❑	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
❑	NV2.....Reno	$20
❑	NY1.....New York City	$20
❑	NY3.....Long Island	$20
❑	NY6.....Hudson Valley	$25
❑	NY8.....Buffalo	pending
❑	OH4 .....Cincinnati	$15
❑	OK1 .....OK City	$25
❑	OK2 .....Tulsa	$25
❑	OR2 .....Portland	$30
❑	PA3.....Pittsburgh	$25
❑	PA4.....Danville	$20
❑	PA13.....Philadelphia	$20
❑	SC1.....Columbia	$30
❑	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
❑	TX6.....Austin	pending
❑	TX8.....San Antonio	$25
❑	TX10.....San Angelo	pending
❑	VA1.....Richmond....	$35
❑	VA2.....Hampton Roads	$35
❑	WA1.....Seattle	$30
❑	WA2.....Spokane.	$30
❑	WI1..... Milwaukee	$25
❑	WI2.....Green Bay	$25
❑	WI3..... Madison	$25

TOTAL Add National & Chapter Dues = $

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.) | BUSINESS 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 OR MONEY ORDER. Enclose amount in US dollars for the total amount due. **Make checks payble to CMSA.**

☐ CHARGE: Please include card number and expiration date with change 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 Member Handbook and print Standards of Practice.
- Publications will begin within the next mailing cycle after joining.

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
- 2% 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

HOW CAN YOU SUPPORT THE CASE MANAGEMENT FOUNDATION (CMF) & THE CASE MANAGEMENT INDUSTRY?

Invest in the future of case management by donating to the CMF. Created to advance the growth of CM, it supports the needs of those involved in the practice through leadership programs, educational forums, publications, and more. *Give today!*

Gift type:

1 ❑ General donation

2 ❑ In memory of: _____

3 ❑ In honor of: _____

Please add this amount to my payment: $10 ❑ $25 ❑ $50 ❑ $75 ❑ $100 ❑

Other amount ❑ $_____

NOTE: You will receive an email receipt for this tax deduction upon processing.

PAYMENT OPTION

❑ **Semi-Annual Installment.** Divide National and Local dues in two (2) payments. One half of total member dues paid now, the other half will be invoiced in six (6) months. *A $7.50 processing fee will be included in each installment.* ***Option not available online***

Example: $ TOTAL DUES ÷ 2 + $7.50 = TOTAL DUE $_____