

Individual Membership Application



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

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

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 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
- 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\$155
Save \$10 when you join online!
 Military (includes VA & Govt)\$108
 Student (ID required)\$ 95
 Must be enrolled in health care educational program. Enclose copy of current student ID.

CHAPTER DUES:

CHAPTER DUES:

<input type="checkbox"/> AK1..... Anchorage	\$20
<input type="checkbox"/> AL1..... Birmingham/Tuscaloosa	\$25
<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	\$35
<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	\$20
<input type="checkbox"/> DC1..... Washington DC	\$25
<input type="checkbox"/> FL2..... Orlando	\$20
<input type="checkbox"/> FL3..... Dade/Broward City	\$25
<input type="checkbox"/> FL4..... Jacksonville	\$20
<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	\$10
<input type="checkbox"/> LA1..... New Orleans	\$10
<input type="checkbox"/> LA2..... Shreveport	\$30
<input type="checkbox"/> MA1..... New England (MA, ME, RI, NH, VT)	\$25
<input type="checkbox"/> MD1..... Baltimore	\$20
<input type="checkbox"/> MI1..... Detroit	\$20
<input type="checkbox"/> MI3..... Marquette	pending
<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	\$30
<input type="checkbox"/> NC4..... Raleigh	\$30
<input type="checkbox"/> NC7..... Asheville	\$30
<input type="checkbox"/> NE1-A..... Omaha	\$30
<input type="checkbox"/> NE1-B..... Omaha	\$60
<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"/> NY5..... Albany	\$25
<input type="checkbox"/> NY6..... Hudson Valley	\$25
<input type="checkbox"/> NY8..... Buffalo	pending
<input type="checkbox"/> OH4..... Cincinnati	\$15
<input type="checkbox"/> OK1..... OK City	\$25
<input type="checkbox"/> OK2..... 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"/> SC1..... Columbia	\$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"/> TX11..... Corpus Christi	\$25
<input type="checkbox"/> VA1..... Richmond	\$35
<input type="checkbox"/> VA2..... Hampton Roads	\$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

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 \$ _____

TOTAL Add National & Chapter Dues =	\$ _____
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