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# INDIVIDUAL MEMBERSHIP

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

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Credentials: \_\_\_\_\_ CCM ID #: 

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 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/](http://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 15<sup>th</sup> 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"/> AK1 ..... Anchorage ..... pending	
<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"/> 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"/> KY1 ..... Louisville ..... pending	
<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) \$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 ..... \$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"/> 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"/> SC1 ..... Columbia ..... pending	
<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"/> TX7 ..... Odessa/Midland ..... pending	
<input type="checkbox"/> TX8 ..... San Antonio ..... \$25	
<input type="checkbox"/> VA1 ..... Richmond ..... \$35	
<input type="checkbox"/> VA2 ..... Hampton Roads ..... \$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 11/19/07

### 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)

Installments do not apply to Military/VA or Student Rates.