

Membership Application

Personal Information

☐ Mr. ☐ Ms. ☐ Other

* NAME

JOB TITLE

EMPLOYER

*Preferred Mailing Address: ☐ HOME ☐ BUSINESS

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP

* BUSINESS TELEPHONE

* HOME TELEPHONE

MOBILE TELEPHONE

* EMAIL

ALTERNATE EMAIL

Birth date / /

Date started in health care / /

Highest education level you have completed:

☐ HIGH SCHOOL ☐ SOME COLLEGE ☐ ASSOCIATE
☐ BACHELOR ☐ MASTERS ☐ DOCTORATE

Date degree earned / /

HFMA is committed to diversity. Your response is voluntary.

☐ AMERICAN INDIAN/ALASKAN NATIVE
☐ ASIAN OR PACIFIC ISLANDER
☐ BLACK (NOT OF HISPANIC ORIGIN)
☐ HISPANIC ☐ CAUCASIAN ☐ OTHER

☐ Exclude my name from the online HFMA Membership Directory.
☐ Exclude my name from lists provided to outside organizations.

Affirmation

I affirm that the information I have given is true to the best of my knowledge, and I agree to abide by the HFMA Code of Ethics and the Constitution and Bylaws of the Association. To read the HFMA Code of Ethics go to hfma.org/code.

SIGNATURE

DATE

Membership Registration

Begin my membership the month of _____

Membership dues \$ _____
See table on the following page

One-time app. fee for new members \$ 30.00

HFMA Forums (optional)
Each Forum \$110 or join all Forums for \$220

☐ CFO FORUM \$ _____
☐ LEGAL & REGULATORY FORUM \$ _____
☐ PAYMENT & REIMBURSEMENT FORUM \$ _____
☐ REVENUE CYCLE FORUM \$ _____

HFMA Newsletters (optional)

☐ HEALTHCARE COST CONTAINMENT NEWSLETTER (\$90) \$ _____
☐ REVENUE CYCLE STRATEGIST NEWSLETTER (\$98) \$ _____
☐ STRATEGIC FINANCIAL PLANNING NEWSLETTER (\$124) \$ _____

Total (add all lines above) \$ _____

Sponsor Information

You do not need a sponsor to become a member.

SPONSORING MEMBER NAME AND (IF KNOWN) ID#

Chapter Affiliation

Please indicate your preferred chapter affiliation[†].

To learn more about HFMA chapters, visit hfma.org.

Payment Method

☐ CHECK ENCLOSED

Credit Card:

☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

CARD NUMBER

EXPIRATION DATE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

MAIL YOUR INVOICE WITH PAYMENT TO HFMA:
5195 Eagle Way, Chicago, IL 60678-1051

[†] Note: If a new member does not provide a chapter affiliation, one will be assigned based on the location of their preferred mailing address. Upon application acceptance, members may request a chapter transfer by calling (800) 252-4362, ext. 2, or by sending an e-mail to memberservices@hfma.org. To learn more about the chapters in your area, visit hfma.org.

Annual regular membership includes a \$30 allocation to *hfm*, the official magazine, valued at \$260 for an individual subscription. It is not deductible from the dues. Annual dues cover membership in National HFMA and in one local chapter. Memberships are personal only and do not apply to institutions. Memberships, even those paid by employers, are not transferable.

* required information - also additional fields to be completed on the reverse of this page.

HFMA Membership Dues

Membership Dues (through May 2016)

MONTH JOINED	DUES	NEW MEMBER DISCOUNTED DUES
June/July	\$ 305	\$ 205
August	\$ 282	\$ 182
September	\$ 259	\$ 159
October	\$ 236	Take advantage of these reduced new member dues by joining before October 2015.
November	\$ 213	
December	\$ 190	
January	\$ 167	
February	\$ 144	
March	\$ 121	
April	\$ 98	
May	\$ 75	

Special Offers

HFMA FORUMS*
Join HFMA Forums today. EACH FORUM IS \$110 OR JOIN ALL FORUMS FOR \$220
HFMA NEWSLETTERS*
Register and sign up today for one or all three HFMA Newsletters. <i>Healthcare Cost Containment</i> \$ 90 <i>Revenue Cycle Strategist</i> \$ 98 <i>Strategic Financial Planning</i> \$ 124

* You must sign up for an HFMA membership to get this discount. For Forum details, visit hfma.org/forums. For more information on newsletters, visit hfma.org/newsletters.

Membership Profile

Complete the member profile, making one selection from each of the organization, position and function areas that best describe your professional position.

Organization*

Select one code that best describes your work setting.

PROVIDER/PAYER SETTINGS

- ☐ Hospital or Medical Center
- ☐ Health System Headquarters/ Corporate Offices
- ☐ Ambulatory Care Clinic
- ☐ HMO, Health Plan, or Insurance Company
- ☐ Home Health Agency
- ☐ Medical Group or Specialty Practice
- ☐ Managed Services/ Outsourcing/ Temporary Staffing
- ☐ Physician Practice Management Firm
- ☐ Skilled Nursing, Rehab, or Other Subacute Facility
- ☐ Third Party Administration
- ☐ Other Provider or Clinical Service (Lab, Imaging Center..)

OTHER SETTINGS

- ☐ Accounting Firm
- ☐ Collection and A/R Recovery Service
- ☐ Consulting Firm
- ☐ Law Firm
- ☐ GPO or Purchasing Alliance
- ☐ Professional or Trade Association or Publisher
- ☐ Educational Institution or Library
- ☐ Other Non Clinical/ Non Provider Setting

Position Level*

Select one code that indicates your level of responsibility.

- ☐ President, CEO, Executive Director, Administrator
- ☐ CFO/Controller
- ☐ Other Chief Officer NOT CFO or CEO (CCO, COO, CIO...)
- ☐ Vice President
- ☐ Assistant/Associate VP or Assistant/ Associate Administrator (NOT CFO)
- ☐ Director/Manager/Supervisor
- ☐ Staff Specialist or Professional (Analyst, Accountant, Consultant)
- ☐ Partner, Principal or Owner
- ☐ Clinical
- ☐ Attorney
- ☐ Other Level

Function*

Select one major functional area most relevant to your position.

- ☐ Accounting
- ☐ Administration or Operations
- ☐ Audit/Internal Audit
- ☐ Budget
- ☐ Business Development or Marketing
- ☐ Compliance
- ☐ Decision Support/Information Technology
- ☐ Finance
- ☐ Health Information (Medical Records)
- ☐ Managed Care
- ☐ Patient Access (Admitting, Registration...)
- ☐ PFS, Patient Billing and Collections
- ☐ Physician Practice Management
- ☐ Reimbursement-Government (Medicare/Medicaid)
- ☐ Reimbursement-Commercial (Managed Care)
- ☐ Reimbursement-General (Government and Commercial)
- ☐ Sales or Customer Service
- ☐ Utilization Review or Case Management
- ☐ Other Responsibility

* required information