Individual Membership Application 2019

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

ADDRESS INFORMATION Please Print

6301 Ranch Drive, Little Rock, AR 72223 PH: (800) 216-CMSA or (501) 225-2229 **FX**: (501) 421-2135

| CASE MANAGEMENT SOCIETY OF AMERICA | |
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Email: cmsa@cmsa.org

| CISE MANAGEMENT SOCIETY OF AMERICA |
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| | CHAFTER DUES. |
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| □ Standard Rate\$170 | □AL1 Birmingham |
| Save \$10 when you join online! | □ AL2 Tuscaloosa \$25 & \$15 |
| | ☐AR1 Little Rock |
| ■ Military (includes VA & Govt)\$123 | □AR2 Fayetteville |
| | ☐AZ1 Phoenix/Tucson |
| ☐ Student (ID required)\$110 | ☐ CA1 Los Angeles area |
| Must be enrolled in health care educational program. | □ CA3 San Diego |
| Enclose copy of current student ID. | ☐CA4 Fresno |
| include copy of current student ib. | D 045 0 1 |

| □AL1 Birmingham | \$25 |
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| □ AL2 Tuscaloosa \$25 & \$15 for | r Student |
| □AR1 Little Rock | \$15 |
| □AR2 Fayetteville | \$15 |
| □AZ1 Phoenix/Tucson | \$25 |
| □ CA1 Los Angeles area | \$35 |
| □ CA3 San Diego | \$35 |
| □ CA4 Fresno | \$35 |
| □ CA5 San Jose | \$30 |

CHARTER DUES.

□...CA12......Sacramento....... □....CO1........Denver..... CO2 Colorado Springs □....CT1 Hartford □...DC2.......Washington DC.... □...FL2Orlando ... □...FL3...... Dade/Broward Cty...... □...FL4.....Jacksonville/Gainsville.... □...FL5......Tampa Bay Area..... ☐...GA1......Atlanta. □...GA2......Augusta. □...HI2......Honolulu... □...IL1......Chicago..... □...IN2......Indianapolis...... □...IN3......Ft. Wavne....... □...KY2.....Louisville..... ☐ I A1 New Orleans □...LA2......Shreveport...... □...MA1-A.. .New England (MA, ME, RI, NH, VT) ..\$35 □...MA1-B.. .New England (MA, ME, RI, NH, VT) ..\$75 □...MD1......Baltimore..... □...MI1......Detroit..... □...MI4 Grand Rapids ☐ MN1 Minneanolis □...MO1 Kansas City..... □...MO2-A....St. Louis....... □...MO2-B....St. Louis ... □...MO3 Springfield □...NC1......Greensboro/Pinehurst.... □...NC2......Charlotte...... □...NC3......Fayettevile...... □...NC4......Raleigh..... □...NC7......Asheville...... □...NE1-A.....Omaha ... □...NE1-B.....Omaha □...NJ2.......Woodbridge.... □...NM1.....Albuquerque..... □...NV1.....Las Vegas □...NY1......New York City.... □...NY3......Long Island.... □...NY5......Albany.. □...NY6.......Hudson Valley....... □...OH4Cincinnati ... □...OH6Cleveland ☐ OH1 Columbus □...OK1OK Citv....... □...OK2Tulsa... □...OR2Portland.. □...PA3..... ..Pittsburah.. ☐ PA4 Danville □...PA13......Philadelphia...... □...TN1Nashville..... □...TN2Knoxville...... □...TN3 Chattanooga...... □...TN4 Memphis... □...TX1.......Dallas...... □...TX2-A..... Houston/Gulf... □...TX2-B.....Houston/Gulf... ☐ TX8 San Antonio □....VA1.......Richmond...... □...VA2.......Hampton Roads...... □ ...WA1......Seattle.... □...WA2......Spokane........ □...WI1......Milwaukee...... □...WI3......Madison

CHAPTER DUES: □...CA6...... San Francisco......

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| LAST NAME | FIRST NAME | MIDDLE INITIAL | CREDENTIALS | | |
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| 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 F | ax: 🗆 HOME 🗅 BUSINESS Email: 🗅 HOME 🗅 | BUSINESS | | |
| Notice: CMSA periodically sends industry related news and updates via em | | to receive these case management resources | | | |
| Notice: CMSA periodically sends industry related news and updates via em MEMBERSHIP CLASSIFICATION | | n to receive these case management resources REFERRED BY: | | | |
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| MEMBERSHIP CLASSIFICATION Please check the appropriate category. NOTE: Both categories have voting. CASE MANAGER "A"—Individualsengaged in the field of CN. ASSOCIATE "B"—Individualsactively providing CM related so SIGNATURE AND PAYMENT INFORMATION. CHECK/MONEY ORDER. Enclose amount in US dollars for the second content of the conte | nail. Please indicate your preferred email address if you wist privileges, but only "A" members are eligible to hold local a A; have a health professional degree, current licens ervices or products; Individuals who do not qualify a the total amount due. Make checks payable to CM | REFERRED BY: Ind/or national office. Individuals requesting "A" categ e, or national certification in the health or human as Case Manager "A" members. SA. AMERICAN EXPRESS DISCOVER | | • | |

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 print Standards of Practice.
- Access to online publications and other member benefits available upon processing of membership.

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.

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NATIONAL DUES:

CMSA offers payment options for Individual A & Individual B Member Types. Please select if you would like to join using one of these payment plans.

Auto Monthly Installments:

- ☐ Monthly Auto Renewal Dues: \$15/month plus full chapter dues on 1st monthly payment.
- Monthly New Members Dues: \$14/month plus full chapter dues on 1st monthly payment.

Currently, individual Military or Student memberships do not apply. For more details on Payment Options, Terms & Conditions, visit www.cmsa.org/join and select Membership Types & Rates. Want to pay for Two Years at a time with a built in discount? Download the Two Year application at www.cmsa.org/join.

| TOTAL Ntl Dues + Chapter Dues = | \$ |
|----------------------------------|-------------|
| DISCOUNT CODE (if applicable: | \$ <u>-</u> |
| GRAND TOTAL Total - Discount = | \$ |

SIGNATURE DATE