

# 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

\* PREFERRED EMAIL

ALTERNATE EMAIL

Birth date / /

Date started in health care / /

Highest education level you have completed:

- HIGH SCHOOL  SOME COLLEGE  ASSOCIATE  
 BACHELOR  MASTERS  DOCTORATE  
 I AM A MEDICAL DOCTOR (MD)  
 I AM A DOCTOR OF OSTEOPATHIC MEDICINE (DO)

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](http://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 (\$120) \$ \_\_\_\_\_  
 REVENUE CYCLE STRATEGIST NEWSLETTER (\$130) \$ \_\_\_\_\_  
 STRATEGIC FINANCIAL PLANNING NEWSLETTER (\$165) \$ \_\_\_\_\_

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<sup>†</sup>.

To learn more about HFMA chapters, visit [hfma.org](http://hfma.org).

## Payment Method

CHECK ENCLOSED

Credit Card:

VISA  MASTERCARD  AMEX  DISCOVER

CARD NUMBER

EXPIRATION DATE

CVV CODE

CARDHOLDER'S NAME

CARDHOLDER'S SIGNATURE

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

<sup>†</sup> 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](mailto:memberservices@hfma.org). To learn more about the chapters in your area, visit [hfma.org](http://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 2017)

MONTH JOINED	DUES	NEW MEMBER DISCOUNTED DUES
June/July/August	\$ 315	\$ 215
September	\$ 288	\$ 188
October	\$ 261	Take advantage of these reduced new member dues by joining before October 2016.
November	\$ 234	
December	\$ 207	
January	\$ 180	
February	\$ 153	
March	\$ 126	
April	\$ 99	
May	\$ 72	

## Special Offers

HFMA FORUMS*
Join HFMA Forums today. <b>EACH FORUM IS \$110</b> OR <b>JOIN ALL FORUMS FOR \$220</b>
HFMA NEWSLETTERS*
Register and sign up today for one or all three HFMA Newsletters.
<i>Healthcare Cost Containment</i> \$ 120
<i>Revenue Cycle Strategist</i> \$ 130
<i>Strategic Financial Planning</i> \$ 165

\* You must sign up for an HFMA membership to get this discount. For Forum details, visit [hfma.org/forums](http://hfma.org/forums). For more information on newsletters, visit [hfma.org/newsletters](http://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/HEALTH PLAN 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