Individual Membership Application 2019

CMSA
CASE MANAGEMENT SOCIETY OF AMERICA

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Email: cmsa@cmsa.org

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

ADDRESS INFORMATION Please Print

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"—Individualsengaged in the field of CM; have a health professional degree, current license, or national certification in the health or human services profession.

❑ ASSOCIATE "B"—Individualsactively 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 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.

SIGNATURE DATE

NATIONAL DUES:

❑ Standard Rate.....$170
Save $10 when you join online!

❑ Military (includes VA & Govt).....$123

❑ Student (ID required).....$110
Must be enrolled in health care educational program. Enclose copy of current student ID.

CHAPTER DUES:

❑ AL1.....Birmingham.....$25
❑ AL2 .....Tuscaloosa.....$25 & $15 for Student
❑ AR1.....Little Rock.....$15
❑ AR.....Fayetteville.....$15
❑ AZ1.....Phoenix/Tucson.....$25
❑ CA1.....Los Angeles area.....$35
❑ CA3.....San Diego.....$35
❑ CA4.....Fresno.....$35
❑ CA5.....San Jose.....$30

CHAPTER DUES:

❑ CA6.....San Francisco.....$30
❑ CA12.....Sacramento.....$25
❑ CO1.....Denver.....$25
❑ CO2.....Colorado Springs.....$25
❑ CT1.....Hartford.....$20
❑ DC2.....Washington DC.....$25
❑ FL2.....Orlando.....$20
❑ FL3.....Dade/Broward City.....$25
❑ FL4.....Jacksonville/Gainsville.....$20
❑ FL5.....Tampa Bay Area.....$20
❑ GA1.....Atlanta.....$15
❑ GA2.....Augusta.....$15
❑ HI2.....Honolulu.....$25
❑ IL1.....Chicago.....$25
❑ IN2.....Indianapolis.....$40
❑ IN3.....Ft. Wayne.....$30
❑ KY2.....Louisville.....$30
❑ LA1.....New Orleans.....$10
❑ LA2.....Shreveport.....$30
❑ MA1-A.....New England (MA, ME, RI, NH, VT).....$35
❑ MA1-B.....New England (MA, ME, RI, NH, VT).....$35
❑ MD1.....Baltimore.....$25
❑ MI1.....Detroit.....$30
❑ MI4.....Grand Rapids.....$20
❑ MN1.....Minneapolis.....$35
❑ MO1.....Kansas City.....$35
❑ MO2-A....St. Louis.....$30
❑ MO2-B....St. Louis.....$75
❑ MO3.....Springfield.....$15
❑ NC1.....Greensboro/Pinehurst.....$30
❑ NC2.....Charlotte.....$25
❑ NC3.....Fayetteville.....$30
❑ NC4.....Raleigh.....$30
❑ NC7.....Ashville.....$30
❑ NE1-A.....Omaha.....$30
❑ NE1-B.....Omaha.....$60
❑ NJ2.....Woodridge.....$25
❑ NM1.....Albuquerque.....$25
❑ NV1.....Las Vegas.....$35
❑ NY1.....New York City.....$20
❑ NY3.....Long Island.....$20
❑ NY5.....Albany.....$25
❑ NY6.....Hudson Valley.....$25
❑ OH1.....Columbus.....$20
❑ OH4.....Cincinnati.....$15
❑ OH6.....Cleveland.....$15
❑ OK1.....OK City.....$25
❑ OK2.....Tulsa.....$25
❑ OR2.....Portland.....$30
❑ PA3.....Pittsburgh.....$25
❑ PA4.....Danville.....$20
❑ PA13.....Philadelphia.....$20
❑ SC1.....Columbia.....$20
❑ TN1.....Nashville.....$20
❑ TN2.....Knoxville.....$20
❑ TN3.....Chattanooga.....$20
❑ TN4.....Memphis.....$20
❑ TX1.....Dallas.....$25
❑ TX2-A...Houston/Gulf.....$25
❑ TX-B....Houston/Gulf.....$75
❑ TX8.....SanAntonio.....$35
❑ VA1.....Richmond.....$35
❑ VA2.....Hampton Roads.....$25
❑ WA1.....Seattle.....$30
❑ WA2.....Spokane.....$30
❑ WI1.....Malwaukee.....$30
❑ WI3.....Madison.....$25

PAYMENT OPTIONS

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 _____)	$ - _____
GRAND TOTAL Total - Discount =	$_____