

2016 AAMA Membership Application



The 2016 dues year ends December 31, 2016.

- **New or renewing member** (if you have ever been an AAMA member): Join on or after September 1, 2015 and receive membership through December 31, 2016.
- **Student member:** Join prior to graduation to qualify for the student dues rate.

AAMA membership dues are not deductible as charitable contributions for federal income tax purposes. Dues may be deductible as ordinary and necessary business expenses.

State	Nonstudent	1 Year Student	2 Year Student
AK	\$102.00	30.00	55.00
AL	97.00	33.00	61.00
AR	97.00	25.00	45.00
AZ	97.00	27.50	50.00
CA	102.00	37.50	70.00
CO	94.50	38.75	72.50
CT	97.00	40.00	75.00
DE*	77.00	25.00	45.00
FL	92.00	31.00	57.00
GA	107.00	40.00	75.00
HI	107.00	40.00	75.00
IA	96.00	25.00	45.00
ID	102.00	40.00	75.00
IL	97.00	38.50	72.00
IN	97.00	35.00	65.00
KS*	77.00	25.00	45.00
KY	92.00	32.50	60.00
LA*	77.00	25.00	45.00
MA	96.00	34.00	63.00
MD	97.00	35.00	65.00
ME	92.00	32.50	60.00
MI	100.00	36.50	68.00
MN	91.00	32.00	59.00
MO	92.00	32.50	60.00
MS	97.00	35.00	65.00
MT	100.00	25.00	45.00
NC	92.00	30.00	55.00
ND	85.00	25.00	45.00
NE	90.00	25.00	45.00
NH	92.00	25.00	45.00
NJ	100.00	35.00	65.00
NM	97.00	30.00	55.00
NV	92.00	35.00	65.00
NY	105.00	40.00	75.00
OH	92.00	32.50	60.00
OK	97.00	35.00	65.00
OR	100.00	30.00	55.00
PA	107.00	40.00	75.00
RI*	77.00	25.00	45.00
SC	97.00	30.00	55.00
SD	97.00	35.00	65.00
TN	107.00	35.00	65.00
TX	103.00	33.00	61.00
UT	92.00	30.00	55.00
VA	95.00	35.00	65.00
VT*	77.00	25.00	45.00
WA	96.50	36.25	67.50
WI	102.00	40.00	75.00
WV*	77.00	25.00	45.00
WY*	77.00	25.00	45.00

*There is no active state society; dues include national level only.

Student members must select a one- or two-year student membership. This selection may not be modified after enrollment.

The above amounts represent the total dues for national, state, and local chapter levels. With the permission of their state societies, some chapters may charge a higher amount of dues. Contact the AAMA Membership Department if you have any questions.

Date (MM/DD/YYYY): ____ / ____ / ____

First name/Middle name or initial: _____

Last name: _____

Address: _____

City/State/ZIP: _____

Chapter: _____

E-mail address: _____

Work phone: (____) _____

Fax: (____) _____

Home phone: (____) _____

Cell phone: (____) _____

(You must apply for membership prior to program completion date to be a student member.)

I am a: New member – Last four digits of Social Security number: _____

Renewing member – Member ID number: _____

Type of membership: Nonstudent (Active/Associate/Affiliate)

Student 1 year 2 year

If a nonstudent member, check your primary work type:

Administrative Clinical Manager Educator Retired

What type of specialty is represented by your current work setting:

Primary care (family practice, internal medicine, pediatrics) Cardiology

Dermatology Neurology Ob-gyn Oncology Orthopedics

Rheumatology Urology Not currently employed in the health care field

Other: _____

You must be enrolled in a CAAHEP or ABHES accredited medical assisting program to be eligible for student membership.

Name of school, program, and city: _____

Name of school: _____

Name of program: _____

City/State: _____

Program completion date (including practicum) (MM/YYYY): ____ / ____

Are you a CMA (AAMA)?

No Yes (MM/YYYY exam was passed): ____ / ____

Enclosed is my certified check/money order payable to AAMA for \$ _____

Allow up to six to eight weeks for your enrollment to be processed.
To avoid duplicate charges, do not mail this form if you have already renewed by phone or applied online. **No cancellations or refunds.**

Mail: AAMA Dues
3483 Eagle Way
Chicago, IL 60678-3483

Call toll-free: 800/228-2262
(Credit card orders only)

Enroll online: www.aama-ntl.org

E-mail: membership@aama-ntl.org

