

Individual Membership Application 2020



6301 Ranch Drive, Little Rock, AR 72223
 PH: (800) 216-CMSA or (501) 225-2229
 FX: (501) 421-2135
 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	TITLE		
BUSINESS NAME/EMPLOYER	CITY		STATE	ZIP	COUNTRY
BUSINESS ADDRESS	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

NATIONAL DUES:

- Standard\$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
- AR1.....Little Rock.....\$15
- AR2.....Fayetteville.....\$15
- AZ1.....Phoenix / Tucson.....\$25
- CA1.....Los Angeles area.....\$35
- CA3.....San Diego.....\$35
- CA4.....Fresno\$35

CHAPTER DUES (CONTINUED):

- CA5.....San Jose.....\$30
- CA6.....San Francisco.....\$30
- CA12.....Sacramento.....\$25
- CO1.....Denver.....\$25
- CO2.....Colorado Springs.....\$25
- DC2.....Washington DC.....\$25
- FL2.....Orlando.....\$20
- FL3.....Dade/Broward Cty.....\$25
- FL4.....Jacksonville/Gainesville.....\$20
- FL5.....Tampa Bay Area.....\$20
- GA1.....Atlanta.....\$15
- GA2.....Augusta.....\$15
- HI2.....Honolulu.....\$25
- IL1.....Chicago.....\$25
- IN2.....Indianapolis.....\$30
- 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.....\$20
- 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
- NC2.....Charlotte.....\$25
- NC3.....Fayetteville.....\$30
- NC4.....Raleigh.....\$30
- NE1-A..Omaha.....\$30
- NE1-B..Omaha.....\$60
- NJ2.....Woodbridge.....\$25
- NM1.....Albuquerque.....\$25
- NV1.....Las Vegas.....\$35
- NY1.....New York City.....\$20
- NY3.....Long Island.....\$20
- NY5.....Albany.....\$25
- NY6.....Hudson Valley.....\$25
- OH4.....Cincinnati.....\$25
- OH6.....Cleveland.....\$15
- OK1.....OK City.....\$25
- OK2.....Tulsa.....\$25
- OR2.....Portland.....\$30
- PA3.....Pittsburgh.....\$25
- PA4.....Danville.....\$20
- PA13.....Philadelphia.....\$20
- TN1.....Nashville.....\$20
- TN2.....Knoxville.....\$20
- TN3.....Chatanooga.....\$20
- TN4.....Memphis.....\$20
- TX1.....Dallas.....\$25
- TX2-A..Houston/Gulf.....\$25
- TX2-B..Houston/Gulf.....\$75
- TX8.....San Antonio.....\$35
- VA1.....Richmond.....\$35
- VA2.....Hampton Roads.....\$25
- WA1.....Seattle.....\$30
- WA2.....Spokane.....\$30
- WI3.....Madison.....\$25

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"—Individuals engaged in the field of CM; have a health professional degree, current license, or national certification in the health or human services profession.
- ASSOCIATE "B"—Individuals actively 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.
- Credit Card Payments** - A customer service representative will contact the person listed below to collect the credit card information over the phone. For your safety, do not write credit card information on this form.

Contact Name _____ Contact Phone _____

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 _____

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 =	\$
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DISCOUNT CODE (please write code)	If applicable:	-
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GRAND TOTAL	Total - Discount =	\$
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