

safe and trusted healthcare

A personal membership group of the
American Hospital Association

First Name

Middle Initial

Last Name

Degrees, Certificates, Professional Designations (20 characters max.)

Preferred email address

Business address Home address

Preferred mailing address

Business address Home address

Employment information

Title

Organization

Address

City

State

ZIP Code

Phone

Email

Home information

Address

City

State

ZIP Code

Phone

Email

Membership Application

Categories

Regular member:

Anyone who is actively involved or interested in health care risk management or whose primary job responsibility includes healthcare risk management.

Student member:

Anyone who is a full-time student registered at an institution of higher learning and not currently working in health care risk management. Students must submit photocopies, identification, or recent transcript verifying current status.

Dues

- \$159 (regular)
 \$99 (student)

Payment

Fax: Send form with credit card information to
(312) 422-3609.

Visa MasterCard American Express

Number

Exp. date

Signature

Date

Mail: Send check or money order to
ASHRM, P.O. Box 75315, Chicago, IL 60675-5315

Online: Visit www.ashrm.org

Questions? Call (312) 422-3980 or
email pmgmembership@aha.org