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

Categories

Regular member:
Membership is open to professionals whose job responsibilities include health care risk management or who have demonstrated an interest in the field of health care risk management, patient safety, corporate compliance, health law, enterprise risk management and other related specialties; and who agree to support the mission of ASHRM.

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 a recent transcript verifying current status.

Dues
- $169 (regular)
- $99 (student)

Payment
Fax: Send form with credit card information to (312) 422-3609.
- Visa
- MasterCard
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Mail: 
Send check or money order to ASHRM, P.O. Box 75315, Chicago, IL 60675-5315

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