ASHRM AMERICAN SOCIETY FOR HEALTH CARE RISK MANAGEMENT

Membership Application

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 312-276-8015.

❑ 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