



CALIFORNIA ASSOCIATION MEDICAL STAFF SERVICES

Application For Membership _____

Application For Renewal _____

Please review your information and be sure to identify the address and phone number you would like published in the **CAMSS Roster**.

Name		Certifications/Deg	
Title		Office Phone	
Hosp/Company		Office Fax	
Office Address		E-Mail	
City, State, Zip		Mail: If different than above, please indicate address where you wish to receive your mail	

Dues are payable January 1st for the calendar year 1/1 to 12/31. Make your check payable to CAMSS and mail your check along with completed application to: Lise Marie Farr, CMSC, Membership Chair, Director, Medical Staff Services, Foothill Presbyterian Hospital, 250 S. Grand Ave., Glendora, CA 91741-4218. Telephone (626) 857-3241, Fax (626) 857-3273. E-Mail: camss_member@aol.com or lfarr@mail.cvhp.org

<i>ACTIVE MEMBERSHIP</i> \$50.00	<i>ASSOCIATE MEMBERSHIP</i> \$50.00	<i>INSTITUTIONAL MEMBERSHIP</i> \$140.00 - \$200.00
Active members shall be required to pay dues and will be eligible to vote and hold office. Active membership shall be limited to Medical Staff Services professionals, or those individuals engaged in medical staff activities in health care organizations.	Associate membership shall be available to those, unable to meet the criteria for Active Membership, interested in the overall goals and objectives of this organization. Associate members shall be required to pay dues but shall not be eligible to vote or hold office.	Institutional Membership dues of \$140. covers three to five (3 to 5) individuals from the <u>same facility</u> (not system) or \$200. for six to ten (6 to 10) individuals from the same facility. When a member leaves the institution that membership remains with the institution to apply to the next individual hired. If an institutional check is not submitted, a personal check must be accompanied by proof that all individuals are affiliated with the facility.

The following information is optional

Type of Organization		Medical Staff/ Provider Size	Salary Range	Facility Accreditation
<input type="checkbox"/> Acute care	<input type="checkbox"/> MSO	<input type="checkbox"/> 0-100	<input type="checkbox"/> \$20-30K	<input type="checkbox"/> JCAHO
<input type="checkbox"/> Ambulatory Care Center	<input type="checkbox"/> PHO	<input type="checkbox"/> 101-250	<input type="checkbox"/> \$31-40K	<input type="checkbox"/> NCQA
<input type="checkbox"/> Community-based	<input type="checkbox"/> Physician Recruitment Service	<input type="checkbox"/> 251-500	<input type="checkbox"/> \$41-50K	<input type="checkbox"/> URAC
<input type="checkbox"/> Credentials Verification Service	<input type="checkbox"/> PO	<input type="checkbox"/> 501-750	<input type="checkbox"/> \$51-60K	<input type="checkbox"/> AAAHC
<input type="checkbox"/> Group Practice	<input type="checkbox"/> PPO	<input type="checkbox"/> 751-1000	<input type="checkbox"/> \$61-70K	<input type="checkbox"/> Other
<input type="checkbox"/> HMO	<input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> 1001-5000	<input type="checkbox"/> \$71-80K	
<input type="checkbox"/> IPO	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> 5001-9999	<input type="checkbox"/> \$81-90K	
<input type="checkbox"/> Integrated System/Network	<input type="checkbox"/> University based	<input type="checkbox"/> 10,000+	<input type="checkbox"/> \$91-100K	
<input type="checkbox"/> Registry/Temporary Help	<input type="checkbox"/> Other		<input type="checkbox"/> \$100K +	