

# 2010 CAMSS Membership Application

New Member

Membership Renewal

## Contact Information:

Name	
Certification(s)/Degree	
Title	
Hospital/Organization	
Street Address	
City ST ZIP Code	
Office Phone	
Office Facsimile	
E-Mail Address	

## If you wish your mail be sent to a different address, please provide below:

Street Address

City ST ZIP Code

## Active Member \$50.00

Active members of CAMSS are required to pay dues and are eligible to vote and hold office. Active members shall be limited to medical staff services/management professionals, or those individuals engaged in the medical staff activities in healthcare organizations.

## Institutional Membership \$140.00 - \$200.00

Institutional Membership dues for three (3) to five (5) employees of the **same facility not system** are \$140.00 annually; for six (6) to ten (10) employees, dues are \$200.00 annually. If an employee leaves an organization, that membership remains with the organization and can be applied to the next individual hired. If a check from the organization is not submitted, personal checks must be accompanied by proof that all individuals are affiliated with the organization.

**Please note that a separate application must be completed for each individual included under an Institutional Membership.**

## Our Policy

You may apply and pay for your CAMSS membership or renew your membership on the CAMSS website at [www.CAMSS.org](http://www.CAMSS.org), using PayPal. CAMSS dues are payable on or before 1 January for a calendar year 01.01 to 12.31

If paying by check or money order please make them payable to **CAMSS** and mail your completed application and check to: Jackie Jones, CPMSM

Membership Chair  
558 Kurdson Way  
Spring Valley, CA 91977