



Membership Application

American Association of Medical Society Executives

Join online at www.aamse.org/Join_AAMSE

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website: _____

MAIN CONTACT INFORMATION

Each member organization is required to have a designated main contact to whom important membership information, including renewal notices and receipts, will be sent.

Main Contact Name: _____

Main Contact Title: _____

Main Contact Phone: _____

Main Contact Email: _____

SELECT YOUR MEMBERSHIP TYPE

See page 2 of this application for details on membership types. For more information, visit aamse.org/Join_AAMSE

- Organization Member – Tier Level (1-5) _____
(dues determined by tier level; see page 2 for details and dues rates)
- Individual Member (**\$440**)
- Affiliate Member (**\$440**)
- Industry Partner Member (**\$1,000**)
- Emeritus Member (**\$40**)
- Retired Member (**\$40**)

PROVIDE PAYMENT INFORMATION

TOTAL DUES: \$ _____

- Check for \$ _____ payable to AAMSE enclosed
- Credit Card: Visa__ MasterCard__ American Ex. __

Credit Card #: _____

Expiration Date: _____

CVV: _____

Signature: _____

Completed membership applications should be submitted to AAMSE via mail or fax.

MEMBERSHIP TYPES AND DUES

American Association of Medical Society Executives (AAMSE)
 1000 Westgate Drive, Suite 252 • St. Paul, Minnesota 55114
 E: aamse@aamse.org • P: 651-288-3432 • F: 651-290-2266
www.aamse.org/Join_AAMSE

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

ORGANIZATION MEMBERSHIP (Annual Dues: Determined by tier level)

- National, national specialty, regional, state, state specialty, district or county medical societies comprising physicians or groups of physicians and organized as a professional medical society or association
- Association management companies that devote at least 50% of their time to the management of medical societies as defined above

Select one of the five membership tiers below based on the number of staff you want to include in your organization’s AAMSE membership.

Tier Level	Memberships Included	Annual Dues
Tier 1 (Restricted*)	1	\$215
Tier 2	2-4	\$400
Tier 3	5-9	\$650
Tier 4	10-24	\$1,250
Tier 5	25+	\$2,000

*Only organizations that employ less than two total full-time staff qualify for Tier 1 membership. Organizations with two or more full-time staff that only wish to include one person in their AAMSE membership must sign up under the Individual Membership category (see below).

INDIVIDUAL MEMBERSHIP (Annual Dues: \$440)

- A single staff person whose organization does not qualify for Tier 1 membership (employs two or more full-time staff) and does not wish to join under Tiers 2-5

AFFILIATE MEMBERSHIP (Annual Dues: \$440)

- Executives and staff working for medical association-related healthcare organizations; Executives and staff of a PRO (Physician Review Organization); Consultants engaged in practices including, but not limited to: communications, financial services, legal, strategic planning, and technology

INDUSTRY PARTNER MEMBERSHIP (Annual Dues: \$1,000)

- Companies that have the potential to create a business relationship (i.e., vendors) with AAMSE member organizations (i.e., medical societies)

EMERITUS MEMBERSHIP (Annual Dues: \$40)

- An active member at least 60 years of age who has retired from medical society management; Emeritus members must have been active AAMSE members for at least 20 years or have previously served on an AAMSE committee

RETIRED MEMBERSHIP (Annual Dues: \$40)

- An active member who has retired from medical society management but does not qualify for Emeritus membership; retired members must have been active AAMSE members for at least 5 years