



Greater Houston Society for Medical Services Specialists

2017 Membership Application October 1, 2016 – December 31, 2017

*Please return by:
January 31, 2017*

Preferred Method of Payment is Credit/Debit Card via PayPal. Preferred Method of sending applications in is Email or Fax. If paying by check make your check payable to **GHSMSS** in the amount of \$25.00 (no cash please) and return with completed application to:

Greater Houston Society for Medical Services Specialists
C/O Charis Phillips
P.O. Box 1838
Sugar Land, TX 77487

If paying by credit card payments may be made via PayPal sent to the ghsmss.board@gmail.com email account. Send your completed application via email to ghsmss.board@gmail.com or Fax it to: [713-791-5245](tel:713-791-5245)



Also, check us out on



Type of Membership: New Renewal

Referred By: _____

PayPal payment confirmation#: _____

Name: _____

CPMSM CPCS

Title/Position: _____

Employer: _____

Business Address: _____

Phone: _____ Email: _____

Home Address: _____

Phone: _____ Email: _____

- In what setting are you employed in? CVO Hospital Managed Care Office Physician Office
 Other: _____
- Who pays your membership dues and/or educational opportunities?
 Self Employer Shared (employer & self)
- Are you required to use your own personal time off to attend educational activities?
 Yes No Sometimes
- Are you interested in serving on any committees? * Yes No

If yes, please indicate on which Committee you would like to participate:

Program Nominating Bylaws Communications Membership Professional Advancement

*Membership is free for Committee members in 2017

For GHSMSS Use Only: PayPal/ Check # _____

Date Received: _____ Amount paid: \$ _____ Notes: _____