



GREATER FLORIDA BUCCANEER CHAPTER

MEMBERSHIP APPLICATION

www.FLBuccaneerAAHAM.org

Date: _____

Name: _____

Day Phone: _____

Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____ Your Title: _____

Local Chapter Name: **GREATER FLORIDA BUCCANEER CHAPTER**

If Sponsored by an AAHAM Member, Give Name: _____ Email Address: _____

Home Address (if not listed above): _____

City: _____ State: _____ Zip Code: _____

National Dues \$ _____	For Credit Card Payments: _____ AMEX _____ VISA _____ Master Card Account Number: _____ Signature: _____
Local Dues \$ _____	
Total Enclosed \$ _____	

Please color in the bubble next to the Appropriate sub-Categories for Each Category Below:

Years in Healthcare	Employer Types	Position	Responsibility
<input type="radio"/> 1 0-2 years	<input type="radio"/> 1 Accounting	<input type="radio"/> 1 President/Administrator	<input type="radio"/> 1 Accounting
<input type="radio"/> 2 3-5 years	<input type="radio"/> 2 Ambulatory Care Clinic	<input type="radio"/> 2 Partner/Principal/Owner	<input type="radio"/> 2 Administration
<input type="radio"/> 3 6-10 years	<input type="radio"/> 3 Computers (Hardware, Software)	<input type="radio"/> 3 CEO/Exec Dir/Exec VP	<input type="radio"/> 3 Admitting/Access
<input type="radio"/> 4 11-15 years	<input type="radio"/> 4 Consulting	<input type="radio"/> 4 COO	<input type="radio"/> 4 Audit
<input type="radio"/> 5 16-20 years	<input type="radio"/> 5 Credit Collection	<input type="radio"/> 5 CFO/Controller	<input type="radio"/> 5 Benefits
<input type="radio"/> 6 21-25 years	<input type="radio"/> 6 Library/Education	<input type="radio"/> 6 CIO	<input type="radio"/> 6 Billing
<input type="radio"/> 7 26-30 years	<input type="radio"/> 7 Government	<input type="radio"/> 7 Vice-President	<input type="radio"/> 7 Budget
<input type="radio"/> 8 more than 30 years	<input type="radio"/> 8 Health Plan/ Insurance	<input type="radio"/> 8 Assistant/Associate VP or Administrator	<input type="radio"/> 8 Business Development/Sales
	<input type="radio"/> 9 Home Health	<input type="radio"/> 9 Director	<input type="radio"/> 9 Compliance
	<input type="radio"/> 10 Hospital/Medical Center	<input type="radio"/> 10 Manager	<input type="radio"/> 10 Collections
	<input type="radio"/> 11 Healthcare System/Multi Facility	<input type="radio"/> 11 Supervisor	<input type="radio"/> 11 Finance
	<input type="radio"/> 12 Law Firm	<input type="radio"/> 12 Staff	<input type="radio"/> 12 Information Services/Technology
	<input type="radio"/> 13 Long Term Care/Post Acute	<input type="radio"/> 13 Technician	<input type="radio"/> 13 Managed Care
	<input type="radio"/> 14 Managed Care	<input type="radio"/> 14 Clinical	<input type="radio"/> 14 Marketing
	<input type="radio"/> 15 Physician Group Practice	<input type="radio"/> 15 Academic	<input type="radio"/> 15 Materials Management
	<input type="radio"/> 16 Physician Practice Management	<input type="radio"/> 16 Other	<input type="radio"/> 16 Medical Records
	<input type="radio"/> 17 Specialty Practice Group		<input type="radio"/> 17 Medicare/Medicaid
	<input type="radio"/> 18 Sub Acute Care		<input type="radio"/> 18 Operations
	<input type="radio"/> 19 Shared Service Organization		<input type="radio"/> 19 Patient Financial Services
	<input type="radio"/> 20 Coordinated Business Organization		<input type="radio"/> 20 Provider Services/Relations
	<input type="radio"/> 21 Other Medical Facility/Org.		<input type="radio"/> 21 Reimbursement
	<input type="radio"/> 22 Professional/Trade Association		<input type="radio"/> 22 Third Party Administration
	<input type="radio"/> 23 Student		<input type="radio"/> 23 Utilization Review
	<input type="radio"/> 24 Retired		<input type="radio"/> 24 Underwriting
	<input type="radio"/> 25 Non-Working		<input type="radio"/> 25 Other
	<input type="radio"/> 26 Media		
	<input type="radio"/> 27 Hospice		
	<input type="radio"/> 28 Other		

Do not use this form for renewing your membership or making a address change.

Membership is on a individual- not institutional basis and is non-transferable.

Local dues vary by chapter.

For dues amounts and your chapter assignment, please call AAHAM's National Office at (703)281-4043 M-F, 9am – 5pm, Eastern time.

National Dues are \$150 per year. National dues are prorated according to the date of application (i.e., the prorated amount for July 1 – September 30 would be \$115 for 2 months or for October 1 - December 31 would be \$185 for 15 months).

Please allow 2-4 weeks for processing once your application is received at the AAHAM National Office.

Dues are not tax-deductible as a charitable contribution, but may be deductible as a business expense.

Send this application with your payment to:

Dwight J. Tillman
Director of Client Services
Bacen & Jordan, P.A.
PO Box 735
Greenwood, FL 32443-0735

Telephone: 954-224-0204 Dwight
850-594-9971 Office
800-499-7840 Office

email: bacenjordan_tillman@msn.com

Make checks payable to
AAHAM Buccaneer Chapter