

# 2020 Application

## ■ ■ ■ About Your Membership

Institutional membership is available to colleges, universities, technical schools, for-profit, not-for-profit, and government hospitals and healthcare delivery systems and their outpatient facilities, and home healthcare organizations.

## ■ ■ ■ Complete Address Information

Please type or print your organization's name as it should appear in the AAMI database.

Name of Organization or Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_

## ■ ■ ■ Select Your Membership Dues Level

If you would like this number of reps...	The per rep cost will be:
3-5 reps	\$245/rep
6-10 reps	\$238/rep
11-20 reps	\$214/rep
21-30 reps	\$193/rep
31-40 reps	\$174/rep
41-50 reps	\$157/rep
<b>Example</b>	
Three (3) reps x	\$245/rep=\$735

Have more than 50 Representatives? Please contact [membership@aami.org](mailto:membership@aami.org) or 1-800-332-2264 for additional options.

## ■ ■ ■ Designate a Primary Institutional Representative

The primary institutional representative serves as the main contact for your organization's membership with AAMI. Please list that person's contact information. After your membership application is processed, the primary institutional rep will receive information about our online Roster Manager tool to create your roster of institutional reps.

### Primary Institutional Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Please indicate your organization's primary business:

Please select one response.

- College/University
- Government Agency
- Home Healthcare Organization
- Hospital
  - Independent Hospital
    - For-Profit
    - Not-For-Profit
- Hospital System    Name of System: \_\_\_\_\_
  - For-Profit
  - Not-For-Profit
- Outpatient Facility
- Professional Society/Association
- Standards Development Organization
- Other (please specify \_\_\_\_\_ )

## ■ ■ ■ Choose Payment Method

**Membership Dues:\*** \$ \_\_\_\_\_

Your membership dues cover a 12-month period.

Would you like to make a contribution to the AAMI Foundation? \*\*

- AAMI Foundation Unrestricted: \$ \_\_\_\_\_
- The AAMI Foundation Scholarship Program: \$ \_\_\_\_\_

**Grand Total:** \$ \_\_\_\_\_

Charge this to:     VISA     MasterCard     AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_


Invoice Me


\* For U.S. citizens only: Membership dues to AAMI are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.


\*\*The AAMI Foundation is a 501(c)(3) tax exempt non-profit organization. The Foundation provides scholarships and conducts research on improving patient outcomes. All contributions are tax deductible to the full extent of U.S. law. A donation acknowledgment letter will be provided.

## Thank you for joining AAMI!

### ■ ■ ■ Submit Your Application Form

 **Call** 1-800-332-2264, ext. 1214 (or 1-703-525-4890, ext. 1214 outside the U.S.), to charge your renewal by phone.

 **Mail** this form along with your check or credit card information to: AAMI, P.O. Box 890694, Charlotte, NC 28289-0694.

 **Fax** this form with credit card information to 703-783-0705 or **email** this form with credit card information to [membership@aami.org](mailto:membership@aami.org).