



2025 NEW MEMBER

INSTITUTIONAL MEMBERSHIP

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 ORGANIZATION 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: _____

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/Trade Association
- Standards Development Organization
- Other (please specify _____)

DESIGNATE A PRIMARY REPRESENTATIVE

The primary representative serves as the main contact for your organization's membership with AAMI. Please list that person's contact information.

Primary Representative

Name: _____

Title: _____

Phone: _____

Email: _____

Address: _____

*If address is different from above.

SELECT YOUR MEMBERSHIP DUES LEVEL

IF YOU WOULD LIKE THIS NUMBER OF REPRESENTATIVES	THE PER REP COST WILL BE
3-5 reps	\$276/rep
6-10 reps	\$268/rep
11-20 reps	\$246/rep
EXAMPLE	
Three (3) reps x	\$276/rep=\$828

Have more than 20 Representatives? Please contact Membership at membership@aami.org or 1-800-332-2264, for additional options.

CHOOSE PAYMENT METHOD

Membership Dues:* \$ _____

Your membership dues cover a 365-day period.

- Invoice Me
- Check
(Make payable to AAMI. Checks must be in U.S. funds drawn on a U.S. bank.)
- Charge this to: VISA MasterCard AMEX

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVC Code: _____

Cardholder Signature: _____

If address on credit card is different than company address, add it here:

* 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.

SUBMIT YOUR APPLICATION FORM

EMAIL this form with credit card information to membership@aami.org.

MAIL this form along with your check or credit card information to: AAMI, 901 N. Glebe Road, Suite 300, Arlington, VA 22203.

CALL 1-800-332-2264, (or 1-703-525-4890, outside the U.S.), to charge your payment by phone.

THANK YOU!

