



2024 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	\$268/rep
6-10 reps	\$260/rep
11-20 reps	\$239/rep
EXAMPLE	
Three (3) reps x	\$268/rep=\$804

Have more than 20 Representatives? Please contact Membership at 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.

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

CHOOSE PAYMENT METHOD

Membership Dues:*

Your membership dues cover a 365-day period.

Grand Total: \$ _____

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

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____

CVV or CVC Code (3- or 4-digit code) : _____

If billing address is different from mailing address, please 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.

THANK YOU FOR JOINING AAMI!

SUBMIT YOUR APPLICATION FORM

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

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

FAX this form with credit card information to 703-783-0705 or **EMAIL** this form with credit card information to membership@aami.org.