



## **Health Management Association**

*Tammy King, Co-President*

*Tia Melot, Co-President*

*Kelli Beasley, Treasurer, CPC, CPPM*

*Chula Wolmart, Recording Secretary*

*Diana Gonzalez, Corresponding Secretary*

**PLEASE PRINT**

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Applicant Name

Title (must provide)

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Organization

Specialty (must provide)

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Organization Mailing Address

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City

State

Zip Code

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Phone Number

Fax Number

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E-Mail Address

**MEMBERSHIP CATEGORY APPLIED FOR:**

**Renewal** \_\_\_\_\_ **New Member** \_\_\_\_\_

\_\_\_ **Active:**

**Active Members-** individuals who are a current employee in a managerial capacity in a health care organization. Annual dues are \$150.00 per person.

\_\_\_ **Allied:**

**Allied Members-** Individuals who are a current employee by a non-healthcare organization. Annual dues are \$250 per person.

\_\_\_ **Associate:**

**Associate Members-** Individual who are a current employee by an organization engaged in the health care industry. Annual dues are \$150.00 per person.

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Signature

Date

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**ANNUAL DUES ARE PAYABLE BY JANUARY 1**

PLEASE MAKE CHECKS PAYABLE TO:  
**HEALTH MANAGEMENT ASSOCIATION**

Post Office Box 60926  
Fort Myers, Florida 33906

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**P.O. Box 60926 • Fort Myers, Florida 33906 • [www.hmafortmyers.com](http://www.hmafortmyers.com)**