



MEMBERSHIP REGISTRATION AND DUES INVOICE

Maine Association Medical Staff Services (**MeAMSS**) is a professional, non-profit organization as a State Chapter of NAMSS. MeAMSS **VISION** is to provide leadership, education and expertise to the healthcare industry in credentialing and practitioner/provider support. MeAMSS **MISSION** is to promote recognition and visibility of the professional, provide educational resources and opportunities, and to be recognized for our expertise as credentialing and practitioner/provider support professionals. Membership is open to all interested individuals. Current membership includes representatives from hospitals, credentialing and managed care organizations. For more information contact: Nancy Horn, MeAMSS Membership Chair, Spectrum Medical Group, PA 324 Gannett Drive Suite 200 South Portland, Maine 04106-3266, Phone: 207/482-7800 x109; Fax: 207/482-7897; E-mail: hornn9@spectrummg.com.

Maine Association Medical Staff Services (MeAMSS) membership for
January 1, 2012 through December 31, 2012. Return this invoice with your remittance.

DUE DATE	AMOUNT DUE	CATEGORY (CIRCLE ONE)
December 15, 2011	\$ 45.00	Active Active members consist of individuals having direct responsibility in medical staff/provider services. Active members shall be eligible to vote and hold office. Active members are encouraged to join NAMSS. Membership is not transferable.
	55.00	Associate Associate members consist of individuals interested in the overall goals and objectives of MeAMSS. Associate members are not eligible to vote or hold office. Membership is not transferable.
	180.00	Institutional Membership is transferable within the same institutional, allowing up to 4 individuals to exercise the same rights as Active members. Each individual has one vote. One individual is designated as the contact person.

PLEASE CIRCLE MEMBERSHIP CATEGORY AND MAKE CHECK PAYABLE TO:
MAINE ASSOCIATION MEDICAL STAFF SERVICES

PLEASE COMPLETE THE FOLLOWING:

DATE: _____

NAME: _____
If applicable, include national certification (CPMSM, CPCS) or other professional credentials.
If membership is Institutional, include the name of the key contact person in brackets next to your name

TITLE: _____

INSTITUTION: _____

ADDRESS: _____

Telephone #: _____ **Fax #:** _____

E-mail Address: _____ **Amount Enclosed: \$** _____

Submit this completed invoice and check (payable to Maine Association Medical Staff Services) to:
Cary Medical Center
Attn: Rebecca West, Mgr Med Staff Services
MeAMSS Treasurer
163 Van Buren Road
Caribou, Maine 04736