

MEMBER INFORMATION

Name: _____
 Title: _____
 Org/Affiliation: _____
 Address: _____
 City/St/Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Website: _____

NP OPT OUT: In consideration of the environment and conservation of resources, I elect to receive quarterly *New Perspectives* journals in electronic format only

MEMBERSHIP CATEGORIES

All categories include a subscription to the New Perspectives Journal both printed and electronic versions.

Individual Member: Any individual is eligible to join AHIA as long as they are interested in the healthcare auditing profession.

Group Membership Discounts: Individuals are eligible to join as a group at discounted rates. Members will be enrolled based on employment under one organization name, with one source of payment. Discounts vary based on the number of individual members joining or renewing from the same organization

Faculty Membership: To be eligible for a faculty membership, a member must be an active faculty member or professor (adjunct or full) at a junior college, college or university. Proof of your faculty status must accompany your membership application or at each renewal period. The proof of status can be either a letter from the Department Chair or Human Resources Department.

Student Membership: To be eligible for student membership, a member must be enrolled as a full-time undergraduate student in a junior college, college or university. Full-time status is defined as 12 hours/semester, trimester or quarter. Proof of your undergraduate status must accompany your membership application or at each renewal period. Student memberships will expire after five consecutive years.

SELECT YOUR MEMBERSHIP LEVEL/CATEGORY

All pricing indicated is per member – Choose one

Individual Membership:

One-year Membership:

Regular \$220 Faculty \$75 Student \$40

Three-Year Membership:

Regular \$615 Faculty \$210 Student \$105

*****Group Membership Discount:**

One-year Membership:

2-5 Members \$200/per member 6-20 Members \$175
 21-50 Members \$155 51+ Members \$120

Three-Year Membership:

2-5 Members \$570/per member 6-20 Members \$495
 21-50 Members \$ 435 51+ Members \$330

TOTAL

Number of Applicants: _____ x Membership Cost: \$ _____ =

TOTAL:

Information Withheld:

AHIA occasionally makes mailing lists available to pre-approved organizations and individuals in the industry for one-time use. If you would like your name withheld from these mailings, please check the box.

If you would like your name withheld from the online membership directory, please check the box.

If you would like to withhold permission to receive informational faxes or emails from AHIA, please check the box.

***** APPLY THE GROUP MEMBERSHIP DISCOUNT TO THE FOLLOWING INDIVIDUALS**

Name	Title	Email	Phone	NP Opt Out?*
				Y or N
				Y or N
				Y or N
				Y or N
				Y or N

PAYMENT INFORMATION

Card Number: _____
 Expiration Date: _____ CVV Code: _____
 Name on Card: _____
 Signature: _____
 Total Due: \$ _____

Payment Type:

Check/Money Order Cash
 Visa MasterCard
 American Express Discover

Make your check or money order payable to AHIA (USD).

Please mail, email or fax this form to:

10200 West 44th Avenue, Suite 304, Wheat Ridge, CO 80033

EMAIL: info@ahia.org

FAX: 720-881-6101

DEMOGRAPHIC / ADDITIONAL INFORMATION

Please submit one copy of this page for each member indicated on this application:

NAME OF MEMBER APPLICANT: _____

1. Highest Educational Degree Achieved

2. Number of Auditors on Staff: _____

3. Number of Years in Auditing: _____

4. Number of Years in Healthcare: _____

5. Work Setting (Check all that apply)

- Hospital
- Durable Medical Equipment
- Reference Laboratory
- Homecare, Hospice or Palliative Care
- Physician Practices
- Health Plan
- Academic Medical Center
- Ambulance
- Research/Clinical Trials
- Nonprofit Integrated Healthcare System
- Federal, State, or Local Government
- Consulting Firm

6. Professional Memberships:

- ACFE IIA ACUA
- HCCA ISACA AICPA
- HFMA ISACS

7. How did you hear about AHIA?

- Trade Show or Conference
 - Internet/Website
 - Direct Contact from AHIA
 - Employer, Colleague or Co-worker, AHIA Member
- (Please indicate his or her name and they will be made eligible for our annual Direct Member Connect rewards prize drawing)

Name: _____

8. Birth Year:

- 1920-1945 (Greatest Generation)
- 1946-1964 (Baby Boomers)
- 1965-1983 (Generation X)
- 1984-2004 (Millennials)

9. Position (Check the box that most accurately describes your job position: check one box only.)

Executive:

- Chief Audit Executive
- Senior Auditor within organization
- Chief Compliance or VP Compliance

Director:

- Audit Director (Internal/ Medical)
- IT Audit Director
- Compliance Director

Manager:

- Audit Manager (Internal/ Medical)
- IT Audit Manager
- Compliance Manager

Staff:

- Staff Auditor (Internal/Medical)
- IT Staff Auditor
- Compliance Auditor
- Audit Services Contractor

Other:

- External Public Accountant
- Corporate Management
- Educator
- Audit Committee Member
- Management Consultant
- Other _____

10. Please indicate which EHR/EMR system is PRIMARILY used by your organization:

- Epic
- Cerner
- Meditech
- McKesson
- Allscripts
- Other: _____