

MINNESOTA ASSOCIATION MEDICAL STAFF SERVICES (MAMSS)

MEMBERSHIP APPLICATION

Membership Year is July 1st – June 30th

Application for initial membership – Referred by (if applicable): _____

Application for renewal of membership

Application for reinstatement of membership (returning member)

Your Name and Contact Information

Last Name First Name MI Credentials

Preferred Phone # Preferred Email Address

Alternate Phone # Alternate Email Address

Preferred Mailing Address

City State Zip

Position/Job Title Employer Name

Type of health care entity employed by:

Acute Medical/Surgical Hospital

Health System

Behavioral Health Facility or Group

Military or Veterans Facility

Managed Care/Health Plan

Credentialing Verification Organization

Ambulatory Surgery Center

Skilled Nursing Facility

Medical Group/Clinic

Other: _____

NAMSS: The Minnesota Association Medical Staff Services (MAMSS) recruits and processes its own membership and dues independently from the National Association Medical Staff Services (NAMSS). While NAMSS membership is not a condition of MAMSS membership, it has its own benefits.

Are you a member of NAMSS? Yes No If you are interested in joining NAMSS, please visit: namss.org

By signing below, I hereby acknowledge and agree to abide by the MAMSS Bylaws and Policy & Procedures.

Signature

Date

Dues: Annual dues are \$60.00, payable to MAMSS.

Return the completed application and check to:

Terri Winter
MAMSS Treasurer
611 N. 9th Street
St. Peter, MN 56082

If you prefer to register and pay online, visit MNamss.org/join