



## Membership Application

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Beds at Facility: \_\_\_\_\_

**Name of Vendor/Software for:**

Registration System: \_\_\_\_\_

Eligibility System: \_\_\_\_\_

QA / Error Tracking System: \_\_\_\_\_

Scheduling System: \_\_\_\_\_

**Certification**

\_\_\_\_\_ CAM  
\_\_\_\_\_ CHAA  
\_\_\_\_\_ CHAM  
\_\_\_\_\_ Other (Please specify)  
\_\_\_\_\_

**Membership**

\_\_\_\_\_ AAHAM  
\_\_\_\_\_ NCAHAM  
\_\_\_\_\_ Other (Please specify)  
\_\_\_\_\_

**Please indicate Membership Category**

\_\_\_\_\_ \$100.00 Full Membership (Until March 1, 2010)  
\_\_\_\_\_ \$125.00 Full Membership (After March 1, 2010)  
\_\_\_\_\_ \$500.00 Corporate Membership (This is in addition to any exhibitor/sponsorship fees)

**Mail Application and Check payable to NCAHAM to:**

Sandy Small, NCAHAM Treasurer, PO Box 10153, Greensboro, NC 27404

**Fax a copy of the Application to:**

Donna Todd at (910) 291-7970

**Membership Questions?**

Call Donna Todd at (910) 291-7648