



Institutional Membership

Complete Address Information

Please type or print your organization's name as it should appear in the online Membership Directory:

Name of Organization or Institution: _____

Mailing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Main Phone: _____

Website Address: _____

Choose Your Dues Level

Institutional Representatives receive full membership benefits. Consider adding colleagues from other departments. Renewal notices are mailed beginning two months prior to expiration.

- \$741 Three (3) Representatives
- \$950 Four (4) Representatives
- \$1,170 Five (5) Representatives
- \$1,370 Six (6) Representatives
- \$1,545 Seven (7) Representatives
- \$1,720 Eight (8) Representatives
- \$1,857 Nine (9) Representatives
- \$1,910 Ten (10) Representatives
- \$2,860 Fifteen (15) Representatives
- \$3,544 Twenty (20) Representatives

Have more than 20 Representatives?

Please contact membership@aami.org or 703-525-4890, ext. 1214 for additional options.

Please indicate your organization's primary business:

Please select one response.

- College/University
- Government Agency
- Home Healthcare Organization
- Hospital
 - Independent Hospital
 - For-Profit
 - Not-For-Profit
 - Hospital System Name of System: _____
 - For-Profit
 - Not-For-Profit
- Independent Service Organization
- Outpatient Facility
- Professional/Trade Association
- Standards Development Organization
- Other (please specify _____)

Choose Payment Method

Membership Dues: \$ _____

Your membership dues cover a 12-month period.

AAMI Foundation Contribution* (Optional):

1. The AAMI Foundation: \$ _____

2. The AAMI Foundation Scholarship Program: \$ _____

Grand Total: \$ _____

The AAMI Foundation is an educational organization exempt from the 501(c)3 code of the Internal Revenue Service. Contributions to the AAMI Foundation are deductible as charitable contributions for federal income tax purposes to the extent provided by law. **For U.S. Citizens only: AAMI dues are not deductible as a charitable contribution for U.S. federal income tax purposes, but may be deductible as a business expense.*

Charge this to: VISA MasterCard AMEX

Card Number: _____

Expiration Date: _____

Cardholder Signature: _____

Cardholder Name: _____

- Check is enclosed made payable to AAMI.
(Checks must be in U.S. funds drawn on a U.S. bank.)
- Please bill me. Membership services will start when payment is received.

■ ■ ■ Institutional Membership Representatives

Your Primary Institutional Representative will serve as the main contact for your membership. Based on your dues level, list those employees who should be designated as representatives, each of whom receives full membership benefits. Use additional sheets if necessary. Provide office address if different from information listed on page one.

Primary Institutional Representative

Name: _____ Title: _____

Phone: _____ Email: _____

Mailing Address: _____ City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Additional Institutional Representatives

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Member organizations are listed in the online AAMI Membership Directory.





- Check here if you do not want the names of your Institutional Representatives to be included in the online Membership Directory. Institutional Representatives can update this preference individually within their online profile.

■ ■ ■ How did you hear about AAMI?

Please select one response.

- | | | |
|---|---|---|
| <input type="checkbox"/> AAMI advertisement | <input type="checkbox"/> AAMI article, blog post or journal | <input type="checkbox"/> AAMI event or conference |
| <input type="checkbox"/> Educator/Teacher | <input type="checkbox"/> Employer | <input type="checkbox"/> Industry event or conference |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Regulatory/accreditation agency | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Standards program | <input type="checkbox"/> Not sure | <input type="checkbox"/> Other: _____ |

■ ■ ■ Submit Your Application

-  **Call** 800-332-2264, ext. 1214 (or 703-525-4890, ext. 1214 outside the U.S.), to charge your membership by phone.
-  **Mail** this form along with your check or credit card information to: AAMI, P.O. Box 890694, Charlotte, NC 28289-0694.
-  **Fax** this form with credit card information to 703-525-1424.
-  **Email** this form with credit card information to membership@aami.org.

Thank you for joining AAMI!