

2010 LSMSS Membership Application

Name: _____

Certification(s): _____

Organization Name: _____

Title: _____

Office Mailing Address: _____

Office Phone: _____

Fax: _____

Office Email: _____

Are you a NAMSS Member: Yes No

Alternate Personal Contact Information (in case of natural disaster or relocation of members):

Personal Phone: _____

Personal Email: _____

TYPE OF MEMBERSHIP: New Renewal

ACTIVE - Active Membership shall be those individuals having direct responsibility in activities related to credentialing, privileging, practitioner or provider organizations and/or regulatory compliance in the healthcare industry. Active members shall pay dues and shall be eligible to vote and hold office.

ASSOCIATE - Associate members shall consist of those individuals interested in the overall goals and objectives of the Society with no direct responsibility in activities related to credentialing. Associate members shall pay dues, but shall not be eligible to vote or hold office.

Membership Dues: \$35.00

**** Renewals received after March 1st will be assessed a late fee of \$10.**

Please make checks payable to the Louisiana Society of Medical Staff Services (LSMSS) and send to:

**LRMC c/o Rose Anne McDow
95 East Fairway Drive
Covington, LA 70433**

Signature _____

Date _____



LSMSS adopted its first set of Bylaws on November 20, 1980!

The LSMSS Board would like to know your learning needs for 2010.

Please list up to 3 of your highest priority educational needs that you would like to have addressed in an educational conference:

1. _____

2. _____

3. _____

Which best applies to you? Seasoned Manager
 New Supervisor Beginner in field

What type of Organization are you with? Hospital
 MCO CVO Other _____

Are you interested in becoming certified through NAMSS during 2010? Yes No

If so, which? CPCS CPMSM

Please indicate if you are planning to attend any of the following:

NAMSS Professional Development Course

NAMSS Certification Prep Course

NAMSS National Conference for 2010

Committees:

Please indicate which LSMSS committee(s) you are interested in participating for 2010:

Education Membership

Nominating

Thank you for all of your support!