

# AHLA AHLA/NAMSS Membership Application

The NAMSS Board of Directors and the American Health Lawyers Association approved a special joint initiative in June 2012, which provides NAMSS members with access to a network of nearly 13,000 health lawyers and other health executives. NAMSS members who are non-attorneys are able to join AHLA and its Medical Staff, Credentialing, and Peer Review Practice Group (MSCPR) at the discounted rate of \$110 for membership. For many, this is a savings of more than \$250. Established to help forge stronger relationships between MSPs and the legal staff who represent their facilities, this partnership provides a platform for NAMSS members to have open dialogue with legal staff and exchange information about the regulatory issues affecting hospitals and credentialing departments across the country.

Benefits of membership in AHLA include:

- ❖ Access to the MSCPR Discussion List and other discussion forums
- ❖ Access to the Physician/Attorney Affinity Group
- ❖ Free subscription to *AHLA Connections* (a digital monthly membership magazine) and *Journal of Health & Life Sciences Law*
- ❖ Complimentary subscriptions to the *Health and Life Sciences Law Daily*; *AHLA Weekly*; and *AHLA Newsstand* e-newsletters
- ❖ Discounts on AHLA publications as well as member registration rates for in-person programs, webinars, and bootcamps
- ❖ Access to the AHLA Career Center; Membership Directory; and Mentoring Program
- ❖ Ability to network with medical staff professionals
- ❖ Free access to the *Health Law Archive* in the first year, and a discounted price in the second year
- ❖ Access to MSCPR Practice Group-specific benefits, e.g., newsletters, podcasts, educational calls, etc.

Join AHLA today by visiting the website at [www.healthlawyers.org/campaigns](http://www.healthlawyers.org/campaigns) or by completing and returning this membership application.

## Contact Information

Dr.  Mr.  Mrs.  Ms.  Other \_\_\_\_\_

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

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

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

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

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

Zip+4: \_\_\_\_\_ Country: \_\_\_\_\_

Home Address  Business Address

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Twitter: \_\_\_\_\_

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

License Number (if applicable): \_\_\_\_\_

Recruited By (optional): \_\_\_\_\_

## About Your American Health Lawyers Association Membership

Membership in AHLA is individual rather than organizational and fully portable should you change employment. Members are billed annually for Association membership dues and Practice Group fees to coincide with the month that they join AHLA. Dues are not deductible as a charitable contribution, but may be deductible as an ordinary business expense; see your tax advisor.

**Practice Group:** The Practice Group (PG) provides opportunities for members with a similar interest in a particular legal area to stay current on legal developments and industry practices.

**AHLA's Public Interest Mission:** Your tax-deductible donation helps to support the development, production, and distribution of consumer-oriented resources that are provided to members and the public at no cost. Written acknowledgement of the donation is issued in January of each year. Information on monthly or other giving opportunities can be found at [www.healthlawyers.org/PublicInterest](http://www.healthlawyers.org/PublicInterest).

AHLA members interested in joining NAMSS can do so at a special discounted membership rate. NAMSS bills on a calendar year; visit <http://www.namss.org> for more information.

Leading health law to excellence through education, information, and dialogue, AHLA is the nation's largest, nonpartisan, 501(c)(3) educational organization devoted to legal issues in the health care field.

**Questions?** Contact AHLA directly at (202) 833-1100, extension #2 or NAMSS at [info@namss.org](mailto:info@namss.org).

## Membership Dues

### Non-Attorney

with enrollment in the Medical Staff, Credentialing, and Peer Review Practice Group ..... \$110

## Public Interest (PI) Contribution

\$5  \$10  \$25  \$\_\_\_\_\_ Other ..... \$\_\_\_\_\_

Recognize:  Me as an Individual OR  My organization

## Membership & PI Contribution

TOTAL = \$ \_\_\_\_\_

## Payment Information

Check / Money Order (US dollars, payable to AHLA)  American Express  Diners Club  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Zip Code of Cardholder's Billing Address: \_\_\_\_\_ *Should your credit card total be miscalculated, AHLA will charge card for correct amount.*

Federal ID # 23-7333380