



Yes! I want to join OAMSS as a new member in 2010

Please renew my OAMSS membership for 2010

I am enclosing: **\$60 - Active Membership**
 \$20 - Student Membership

\$50 – Affiliate Membership
 Honorary Membership

Membership categories are defined as follows:

___ **ACTIVE MEMBERSHIP**

Members having responsibilities in medical and/or health care provider staff activities. Active members shall pay dues and shall be eligible to vote and hold office. Active members are encouraged to join the National Association Medical Staff Services.

___ **AFFILIATE MEMBERSHIP**

Members who are interested in the overall goals and objectives of the Association. Associate members pay dues but are not eligible to vote or hold office.

___ **STUDENT MEMBERSHIP**

Enrolled as full time student (minimum of 4 units or 12 hours) in a health-related field, pay dues at a reduced rate, but are not eligible to vote or hold office.

___ **HONORARY MEMBERSHIP**

Have contributed to the advancement of the goals and objectives of the Association, but do not pay dues and are not eligible to vote or hold office.

NOTE: Medical staff services professionals so honored for membership in this category shall be retired.

Yes, please include me in electronic communication regarding issues of interest for OAMSS members

No, I do not want to receive electronic communication from OAMSS.

Name & Certification(s) (please print) _____

Job Title _____

Employer _____

Work Address _____

Telephone # _____ FAX # _____

E-mail Address: _____

Are you a member of NAMSS: Yes No **I was referred by:** _____

Please make check payable to: OAMSS

Mail to Membership Chair:

**John Ryan, COIPA
963 SW Simpson Avenue, Ste. 120,
Bend, OR 97702**