



**Yes! I want to join OAMSS as a new member in 2011**

**Please renew my OAMSS membership for 2011**

**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**