

- ❖ Return completed application with payment to the Society via mail or fax (see contact information at bottom of page).
- ❖ Questions? Call the Society's headquarters at 410-992-3118 or send an email to membership@paltc.org.

GENERAL INFORMATION (please print clearly)

Are you a former member? Yes No

Member ID (if known)

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National Provider Identifier Number (if applicable)

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Prefix _____ Name (First, Middle, Last, Suffix) _____

Former name (if changed) _____

Credentials _____ Title _____

Company _____

PRIMARY ADDRESS Home Business

Street _____

Apt#/Suite _____

City _____ State _____

Zip _____ Country _____

SECONDARY ADDRESS Home Business

Street _____

Apt#/Suite _____

City _____ State _____

Zip _____ Country _____

CONTACT INFORMATION

Email _____

Alternate Email _____

Cell Phone (_____) _____

Office Phone (_____) _____

Home Phone (_____) _____

Fax (_____) _____

Website _____

Twitter Name _____

Check this box if you **do not** want your contact information to be included in the Society's member directory.

NURSING HOME/PROVIDER GROUP INFORMATION (Name – City, State)

Name of Nursing Home/Provider Group	City/State	Medical Director	Attending Physician	NP/PA	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIALTY

Primary Board Specialty _____

Secondary Board Specialty _____

Sub-Board Specialty _____

I SERVE AS (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Hospitalist |
| <input type="checkbox"/> Attending Physician | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> CMO | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Consultant Pharmacist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Director of Nursing | <input type="checkbox"/> Other _____ |

HOW DID YOU LEARN ABOUT THE SOCIETY?

- | | | | |
|---|----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Event | <input type="checkbox"/> Mailing | <input type="checkbox"/> Publication |
| <input type="checkbox"/> State Chapter | <input type="checkbox"/> Website | <input type="checkbox"/> Web Search | |
| <input type="checkbox"/> Member/Colleague Referring Member Name _____ | | | |

MEMBERSHIP (Please check the appropriate category)

<u>Membership Category*</u>	<u>Description</u>	<u>(2017 Dues)</u>
<input type="checkbox"/> Physician	Physicians (Medical Directors, Attending Physicians, Specialists)	\$342
<input type="checkbox"/> NP/PA	Physician Assistant (PA) or Nurse Practitioner (NP, ANP, APRN, etc.)	\$263
<input type="checkbox"/> Licensed Independent Practitioner	DDS, CNS, DPM, etc.	\$184
<input type="checkbox"/> Interdisciplinary Team	Administrators, Therapists, Consultant Pharmacists, DON, RN, etc.	\$151
<input type="checkbox"/> Retired AMDA Member	Retired practitioners (prior membership required)	\$76
** Student	Fellow, Resident, Post Graduate or Undergraduate	FREE

* The Society's membership term is based on the calendar year. Dues will be collected in the fall each year for the following calendar year (January 1 – December 31). New member enrollments are effective immediately and will be valid through December 31, 2017.

** Students must complete Student Application at www.paltc.org/student-application.

STATE CHAPTER MEMBERSHIP

Join your state chapter! Membership in your state chapter provides numerous networking and professional development opportunities with your colleagues on the local level. To learn more about your state chapter visit www.paltc.org/state-chapters. Please contact the chapter directly to join if your state is not listed below.

The Society collects payment of state chapter dues for the following states. Please check below if you want to join or renew membership:

2017 DUES	Physician	NP/PA	LIP	IDT	Retired	Student
<input type="checkbox"/> California	\$150	\$125	\$125	\$125	\$100	FREE
<input type="checkbox"/> Carolinas (NC, SC)	\$100	\$50	\$50	\$50	FREE	FREE
<input type="checkbox"/> Colorado	\$30	\$30	\$30	\$30	\$10	FREE
<input type="checkbox"/> Illinois	\$70	\$70	\$40	\$40	FREE	FREE
<input type="checkbox"/> Indiana	\$75	\$75	\$75	\$75	\$75	FREE
<input type="checkbox"/> Iowa	\$100	\$75	\$75	\$75	\$75	FREE
<input type="checkbox"/> Massachusetts/Rhode Island	\$100	\$75	\$75	\$75	\$50	FREE
<input type="checkbox"/> Michigan	\$100	\$50	\$50	\$50	\$50	FREE
<input type="checkbox"/> Mid-Atlantic (DC, DE, MD)	\$100	\$100	\$50	\$50	FREE	FREE
<input type="checkbox"/> Missouri	\$60	\$60	\$50	\$50	\$40	FREE
<input type="checkbox"/> New Hampshire	\$45	\$45	\$45	\$45	\$45	FREE
<input type="checkbox"/> New Jersey	\$75	\$75	\$75	\$25	\$25	FREE
<input type="checkbox"/> Ohio	\$100	\$50	\$50	\$50	\$50	FREE
<input type="checkbox"/> Oklahoma	\$50	\$25	\$25	\$25	\$25	FREE
<input type="checkbox"/> Pennsylvania	\$110	\$85	\$85	\$60	FREE	FREE
<input type="checkbox"/> Western (NM, NV, UT)	FREE	FREE	FREE	FREE	FREE	FREE

Check here if your state is not listed above and you would like to receive information about your local state chapter.

AMDA FOUNDATION

The Society supports the Foundation for Post-Acute and Long-Term Care Medicine, an autonomous 501©(3) corporation, in its dual mission to educate, mentor and inspire current and future long-term care professionals and to advance quality and improve care through long-term care research.

WE ENCOURAGE YOU TO MAKE A TAX-DEDUCTIBLE DONATION OF ANY SIZE WHILE YOU ARE ALSO PAYING YOUR DUES. THE SOCIETY WILL FORWARD THE AMOUNT YOU FILL IN BELOW DIRECTLY TO THE FOUNDATION. TO LEARN MORE ABOUT THE FOUNDATION'S PROGRAMS, VISIT www.paltcfoundation.org.

PAYMENT INFORMATION

Society Membership Dues \$ _____

State Chapter Membership Dues \$ _____

Contribution to Foundation \$ _____ \$25 \$50 \$100 \$250 Other

Total Amount Due \$ _____ (Your application will not be processed without full payment.)

Payment Method: Check Enclosed (made payable to AMDA) AMEX MasterCard Visa Discover

Card Number _____ Exp Date _____ Security Code* _____

Cardholder Name (as it appears on card) _____

Billing Address _____

Signature _____ Date _____

Email Address to Send Payment Receipt _____

Auto renew my membership every billing cycle. (Only available when paying by credit card)

***Important Note for Credit Card Users:** VISA, MasterCard, and American Express credit cards include a security feature—known as “CVV2” on VISA and MasterCard, and “CID” on American Express cards—to protect against fraud. The code is printed only on the card. For **VISA** and **MasterCard**, look for the “CVV2” on the back: The “CVV2” is a 3-digit number printed on the signature line on the back of your card. On some cards, the complete credit card number appears before the “CVV2”; on others, only the last four digits of the credit card number appear before the “CVV2”. For **AMEX**, look for the “CID” on the front: the “CID” is a 4-digit number printed above your account number on the face of your card.

Contributions or gifts to *AMDA-The Society for Post-Acute and Long-Term Care Medicine* are not tax deductible as charitable contributions for income tax purposes. Further, the Revenue Reconciliation Act of 1993 states that association dues used for lobbying activities are not deductible as a business expense. The Society estimates that the portion of your dues allocable to lobbying is 11 percent.

ADDITIONAL INFORMATION

Check here if you are a member of American Medical Association (AMA)

Check here if you are being reimbursed for your membership dues

Who? _____ Facility _____ Corporate Chain _____ Practice Group _____ Other