MAMSS

MASSACHUSETTS ASSOCIATION MEDICAL STAFF SERVICES

FOR THE MEDICAL STAFF SERVICES PROFESSIONAL

RENEWAL APPLICATION

MEMBERSHIP YEAR: January 1, 2012 through December 31, 2012

Please help us by taking a moment to update your information

Name: _____
(Last) (First) (MI)

Title: _____

E-mail address:_____

Institution: _____

Address/City/State/Zip:_____

_____

Phone:_____

Fax:_____

NATIONAL ASSOCIATION OF MEDICAL STAFF SERVICES (NAMSS)

Are you a member of NAMSS? (Circle One) Yes No

Are you Certified? Yes No

CPMSM: Year Certified:_____
CPCS: Year Certfied: _____

MEMBERSHIP FEE: $65.00 CHECKS PAYABLE TO "MAMSS"**

** **Consistent with the NAMSS policy, membership is not transferable.**

MEMBERSHIP FEE: $65.00

Remit to:

Ms. Kate Powers, Associate Director,
Provider Services
Brigham & Women's Hospital
375 Boylston St.
Brookline MA 02445
Ph: 857-307-0843
Fax: 857-307-0899
Email: kdpowers@partners.org

_____ _____
Signature of Applicant Date

Date Recd:_____ Treasurer:_____ Chk #:_____