

# NORTH CAROLINA ASSOCIATION MEDICAL STAFF SERVICES

The objectives of the Association shall be to provide the opportunity for continuing education and to promote the improvement of professional knowledge and skill by uniting persons who are engaged in credentialing activities through this State Organization under the auspices of the National Organization.

## Membership Period: January 1, 2008 - December 31, 2008

(A prospective member who joins the Association and pays dues during the last quarter of the fiscal year shall satisfy dues requirement for the current year and the following year.)

**New Membership:** Please complete the NCAMSS Membership Application below and return with a check in the amount of \$50.00 payable to "North Carolina Association Medical Staff Services c/o Rhonda Boyd, NCAMSS Treasurer." **Please indicate on your check the name of the person(s) the dues are being paid for. Bonus:** *Individual hospitals with three or more members in the Association may apply for the group membership rate as follows: \$50.00 for the first person and \$25.00 for each additional person per year. Please provide the list of names that you are paying the bonus dues.*

**Please make check payable to**

North Carolina Association Medical Staff Services, c/o  
Rhonda Boyd, NCAMSS, Treasurer.

**You may also pay membership fees at the  
NCAMSS Home Page using PayPal**

**Return the NCAMSS Membership Application and Check to:**

Rhonda Boyd, Treasurer, NCAMSS  
Medical Staff Services  
Maria Parham Medical Center  
566 Ruin Creek Rd., Box 59  
Henderson, NC 27536

## NCAMSS MEMBERSHIP APPLICATION

**CATEGORY OF MEMBERSHIP DESIRED:** (Please (√) check one)

\_\_\_\_\_ **Active** (*Persons involved in medical staff/credentialing activities. Eligible to vote and hold office*)

\_\_\_\_\_ **Associate** (*persons interested in the overall aims & objectives of NCAMSS. Not eligible to vote or hold office*)

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NAME: \_\_\_\_\_

TITLE : \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Birthdate: (day/month) \_\_\_\_\_

Certifications: (CPMSM, CPCS, etc.) \_\_\_\_\_

Education: \_\_\_\_\_

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**NORTH CAROLINA ASSOCIATION OF  
MEDICAL STAFF SERVICES**

*(www.ncamss.org)*

TO: All Current and Prospective Members of the  
NC Association of Medical Staff Services (NCAMSS)

FROM: Anne G. Ennis, CPCS  
President, NCAMSS

SUBJECT: NCAMSS Membership/Renewal

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(A prospective member who joins the Association and pays dues during the last quarter of the fiscal year shall satisfy dues requirement for the current year and the following year.)

**Membership Application:** Please complete the attached NCAMSS Membership Application.

**Membership Dues:** \$50.00 payable to "North Carolina Association Medical Staff Services"

**Membership Bonus:** Individual hospitals with three or more members in the Association may apply for the group membership rate as follows: \$50.00 for the first person and \$25.00 for each additional person per year. You must indicate on all names on the application if dues are for a membership bonus. **You may also pay membership fees at the NCAMSS Home Page using PayPal**

Return the NCAMSS Membership Application and Check to:

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In accordance with the NCAMSS Bylaws, annual membership dues are due and payable November 1<sup>st</sup> for the following fiscal year. Failure by a current member to pay dues by December thirty-first will result in discontinuation of active membership.

NCAMSS Membership dues are used to pay for speaker fees, travel expenses, general meeting expenses, audiovisual equipment rental for the annual meeting, audiovisual equipment, copy fees, mailing labels, postage, annual meeting give-a-ways, annual and quarterly meeting door prizes, food expenses, Internet webpage maintenance fees, and all other association expenses deemed appropriate and approved by the officers of the board of NCAMSS. Meeting registration fees are also used to supplement the expenses of the NCAMSS.