



Corporate Change Request Information

Cost

- Members may be added to a corporate membership during the year at a prorated amount, based on the corporate renewal date. Calculate online or contact AAPC for a quote.
- Any overpayments will be converted into "open spaces" on the corporate membership

Refund Policy

- All memberships are non-refundable
- Individual membership payments will not be refunded after corporate addition
- Any overpayments will be converted into "open spaces" on the corporate membership

Individual Membership *Changing to Corporate Membership Status*

- Individual renewal date will change to match corporate renewal date
- Continuing education units (CEUs) will be prorated to match corporate submission date
- Once added to a corporate membership, individual membership dues are non-refundable/non-transferable
- Individual membership dues are not applicable to corporate membership dues
- Employees *must* be notified in advance before being added to a corporate membership

Removals

- Certified members removed from the corporate membership will receive notification with a prorated amount due in order to remain active through their renewal date. They will not revert back to previous individual dates.
- Any members removed from the corporate membership will be responsible to renew on their own as an individual member to remain active and maintain credentials

Procedures

- It is the corporate contact's responsibility to notify AAPC of any and all changes made to the account. Change requests can be done online or submitted in writing via email, fax or mail. Changes will not be made over the phone.
- If an assistant will be handling payment or changes made to the corporate membership, they should be listed as the corporate contact. The contact does not need to be a member of AAPC.
- All changes are processed in the order in which they are received

AAPC

Corporate Membership Department

P.O. Box 639237

Cincinnati, OH 45263-9237

800-626-2633 ■ Fax 801-236-2258 ■ www.aapc.com

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Corporate Change Request Form

Company Name
(Last) (First) (Middle)
Corporate Contact
Corporate Membership ID Number

List individual members, check home or work address for news magazine delivery
 * Agreement must be filled out in its entirety in order to be processed

Member ID _____

1. Personal Information (where magazines will be sent - no post office box allowed)	
(Last)	(First)
Name	
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID _____

2. Personal Information (where magazines will be sent - no post office box allowed)	
(Last)	(First)
Name	
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail



Member ID _____

3. Personal Information (where magazines will be sent - no post office box allowed)	
Name _____	(Last) (First) (Middle)
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

List members you would like to remove:

1. Member ID _____ Name _____

2. Member ID _____ Name _____

3. Member ID _____ Name _____

4. Member ID _____ Name _____

5. Member ID _____ Name _____

Corporate contact: _____ Date: _____