



## New Corporate Membership Information

### What is a Corporate Membership?

A corporate membership provides savings for organizations with six or more AAPC members, or those interested in becoming members. This type of membership, purchased by the corporation, consist of “spaces”. These spaces allow for employees to be added to or removed from the corporate membership at any time throughout the renewal year. The company designates one person as the corporate contact, who then represents all members on the corporate membership.

### Corporate Members Receive

- Twelve monthly issues of the *AAPC Healthcare Business Monthly* news magazine
- Access to all AAPC services, programs, and discounts
- Membership card, downloaded in personal online account

### Current 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

### Cost

Number of spaces	Price per space*
6-10 Members	\$165
11-25 Members	\$160
26-50 Members	\$155
51+	Call 844-825-1679 for pricing

\*Additional sales tax will be added when applicable. Please submit your completed application for a quote to send with payment.

- Members may be added to a corporate membership during the year at a prorated amount, based on the corporate renewal date
- 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

### Procedures

- Courtesy renewal notices will be sent to the corporate contact and each certified member on the corporate membership
- 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 e-mail, 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.
- Allow approximately 2–4 weeks for processing
- All memberships 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](http://www.aapc.com)



## New Corporate Membership Agreement

Number of spaces	Price per space*	Cost x Spaces = Total Due
6-10 Members	\$165.00	\$165 x _____ = _____
11-25 Members	\$160.00	\$160 x _____ = _____
26-50 Members	\$155.00	\$155 x _____ = _____
51+	TBD - Call for pricing	\$ x _____ = _____

\*Additional sales tax will be added when applicable. Please submit your completed application for a quote to send with payment.

Company (where membership will be sent - no post office box allowed)	
Company Name	
Corporate Membership ID Number	
Corporate Contact (Last) (First) (Middle)	Work Phone
Work Address	Work Fax
Address Line 2	Home Phone
City/State/Zip	Cell
	E-Mail

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)	
Name (Last) (First) (Middle)	
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Work 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)	
Name (Last) (First) (Middle)	
Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work	Work Phone
Home Address	Work 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID \_\_\_\_\_

4. 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID \_\_\_\_\_

5. 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID \_\_\_\_\_

6. 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID \_\_\_\_\_

7. 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID \_\_\_\_\_

8. 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID \_\_\_\_\_

9. 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

Member ID \_\_\_\_\_

10. 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	Work Fax
City/State/Zip	Home Phone
Work Address	Cell
City/State/Zip	E-Mail

I verify that the above company employs the individuals included in this corporate membership. I hereby attest that I have read and understand the corporate membership information and that the above information is true and accurate to the best of my knowledge. If deemed false, I understand that it will result in civil and criminal prosecution, as well as disciplinary action with regards to membership and certification with AAPC.

I hereby certify that I have read, understood and agree to abide by the AAPC's Code of Ethics. I understand and agree that my failure to abide by the AAPC's Code of Ethics, as determined in the discretion of AAPC, at any time hereafter, may result in the loss of all credentials conferred upon me by AAPC, and of my membership in AAPC and/or corporate contact status.

\_\_\_\_\_ (initials space)

The Code of Ethics may be found at [www.aapc.com](http://www.aapc.com) under *About Us*.

Corporate contact: \_\_\_\_\_ Date: \_\_\_\_\_