

**~ NEW YORK STATE ASSOCIATION MEDICAL STAFF SERVICES ~**

**APPLICATION FOR MEMBERSHIP**

MEMBERSHIP YEAR: January 1, 20\_\_\_\_ through December 31, 20\_\_\_\_

MEMBERSHIP CATEGORY: Please select the appropriate membership category:

\_\_\_\_ **ACTIVE:** Active members shall be those medical staff services professionals involved with the administrative functions of a medical staff. Active members shall pay dues and shall be eligible to vote and hold office.

\_\_\_\_ **AFFILIATE:** Affiliate members shall be any business, organization or association not directly involved with credentialing or medical staff functions in a healthcare setting whose mission and/or goals may impact MSSP's. Affiliate members shall pay dues but not be eligible to vote or hold office.

**ORGANIZATION AND POSITION INFORMATION**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

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

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

WORK EMAIL: \_\_\_\_\_ YEARS IN PRESENT POSITION: \_\_\_\_\_

FACILITY TYPE: \_\_\_ Hospital/Health System \_\_\_ Managed Care \_\_\_ Other (Specify): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ HOME EMAIL: \_\_\_\_\_

PREFERRED MAILING ADDRESS: Work \_\_\_ Home \_\_\_ PREFERRED E-MAIL ADDRESS: Work \_\_\_ Home \_\_\_

Are you a **Certified Medical Staff Coordinator (CPMSM)**? \_\_\_\_\_ Year Certified \_\_\_\_\_

Are you a **Certified Provider Credentialing Specialist (CPCS)**? \_\_\_\_\_ Year Certified \_\_\_\_\_

**ANNUAL DUES: \$40.00 (One Year) or \$70.00 (Two Years)**

**Payment Method:**

\_\_\_\_ Check (Payable to: NYSAMSS)  
\_\_\_\_ Credit Card: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ American Express  
Credit Card # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Card Holder Name \_\_\_\_\_  
Address \_\_\_\_\_  
Authorized Signature \_\_\_\_\_

**Send To:**

Teresa Goss, CPMSM, CPCS  
NYSAMSS Treasurer  
300 Liberty Commons  
789 Pre-Emption Road  
Geneva, NY 14456  
P: 315-787-4170  
F: 315-787-4169  
NYSAMSS Tax ID: 16-1198551

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**NAMSS ORGANIZATIONAL AFFILIATION**

Are you a member of the National Association Medical Staff Services? \_\_\_\_\_ Year joined \_\_\_\_\_