

INDIVIDUAL MEMBERSHIP APPLICATION

Name _____

Title _____ Designation _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Organization Website _____

HOW DID YOU HEAR ABOUT US? _____

MEMBERSHIP CATEGORY

Individual Members shall be persons occupying managerial, supervisory or professional positions in organizations eligible for membership as a Member Organization, Affiliate Member, Supporting Member, or Law Enforcement Liaison.

EMPLOYER ORGANIZATION TYPE:

- | | |
|--|---|
| <input type="checkbox"/> Commercial Health Insurer | <input type="checkbox"/> Not-For-Profit Health Insurer |
| <input type="checkbox"/> Self-Insured Organization | <input type="checkbox"/> Third Party Administrator |
| <input type="checkbox"/> Professional Disciplinary/Regulatory Organization | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Medicare PSC with Full Benefit Integrity Contract | <input type="checkbox"/> Insurance Company (non-health lines) |
| <input type="checkbox"/> Other _____ | |

DESCRIPTION OF YOUR ORGANIZATION'S ACTIVITIES

Please provide a description of your organization, including your organization's special investigative unit, and of the products and/or services it currently offers.

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INDIVIDUAL MEMBERSHIP DUES (12 MONTHS): \$275

PAYMENT INFORMATION

CHECK (*Enclosed*) CREDIT CARD: AmEx Discover MC Visa

CREDIT CARD ACCOUNT # _____ EXP _____

CARDHOLDER NAME (PRINT) _____ SECURITY CODE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

I understand that by providing my mailing address, email address, and telephone and fax numbers, I consent to receive communications sent by or on behalf of the National Health Care Anti-Fraud Association (NHCAA) or The NHCAA Institute for Health Care Fraud Prevention (The NHCAA Institute) via regular mail, email, telephone or fax.

Print Name _____

Signature _____ Date _____

RETURN THIS COMPLETED APPLICATION FORM AND PAYMENT TO:

By mail: National Health Care Anti-Fraud Association
1220 L Street, NW, Suite 815 • Washington, DC 20005

By email: nhcaa@nhcaa.org

By fax: 202.785.6764