

# WELCOME TO THE CENTRAL FLORIDA CHAPTER OF AMBA



NAME: \_\_\_\_\_ AMBA MEMBER NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, \_\_\_\_\_ STATE, \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

ARE YOU NEW TO MEDICAL BILLING? YES NO IF NO, HOW MANY YEARS OF EXPERIENCE DO YOU HAVE? \_\_\_\_\_

DO YOU OWN A MEDICAL BILLING COMPANY? YES NO IF YES, HOW LONG HAVE YOU BEEN IN BUSINESS? \_\_\_\_\_

DO YOU HAVE ANY CLIENTS YET? YES NO

WHAT SPECIALTY BILLING ARE YOU EXPERIENCED IN? \_\_\_\_\_

WHAT SPECIALTY WOULD YOU LIKE TO LEARN ABOUT? \_\_\_\_\_

PLEASE INCLUDE THIS ENROLLMENT FORM WITH \$35.00 YEARLY ENROLLMENT FEE TO THE CENTRAL FLORIDA CHAPTER  
AMBA  
POBox 678511  
ORLANDO, FLORIDA 32867

#### RULES OF THE CHAPTER:

1. YOU ARE OBLIGATED TO VOTE IN 75% OF ALL POLLS POSTED IN THE GROUPS AREA
2. YOU ARE OBLIGATED TO JOIN THE YAHOO GROUPS AREA
3. YOU ARE OBLIGATED TO VOTE IN ALL OFFICER ELECTIONS.
4. YOU MUST BE A NATIONAL AMBA MEMBER & KEEP YOUR MEMBERSHIP CURRENT THROUGH YOUR IL-AMBA MEMBERSHIP
5. YOU MUST ATTEND AT LEAST 3 MEETINGS PER YEAR. PENALTIES INCLUDE NON-RENEWAL OF MEMBERSHIP.

YOU MUST BE A MEMBER OF AMBA (AMERICAN MEDICAL BILLING ASSOCIATION) TO PARTICIPATE IN THE LOCAL CHAPTER.  
WE WILL VERIFY YOUR AMBA MEMBERSHIP WHEN YOU JOIN OR RENEW YOUR CHAPTER MEMBERSHIP.  
YOU ARE REQUIRED TO MAINTAIN YOUR AMBA MEMBERSHIP TO PARTICIPATE IN THE LOCAL CHAPTER.  
PLEASE REFER TO YOUR CHAPTER HANDBOOK FOR DETAILS.

DUES: \$35.00 A YEAR (OTHER FEES MAY APPLY FOR SEMINARS, TRAINING AND SPECIAL EVENTS ETC.)

MAKE CHECKS PAYABLE TO:

THE CENTRAL FLORIDA CHAPTER  
AMBA  
POBox 678511  
ORLANDO, FLORIDA 32867

MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICER'S SIGNATURE: \_\_\_\_\_ PAYMENT RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_