

**Thank you for your interested in  
our Rocky Mountain AMBA  
Chapter**

Name: \_\_\_\_\_ AMBA member# \_\_\_\_\_

Date of Birth: (MM/DD) \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Are you new to Medical Billing? YES NO If NO, how many years experience? \_\_\_\_\_

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? \_\_\_\_\_

**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 and keep your membership current through your Rocky Mountain AMBA membership.
5. Must attend at least 4 meetings per year.

**Rules for Training session:**

1. You must register for training session online
2. If you register and can't attend, you are obligated to call one of the officers if at all possible, or send an email stating you cannot make it.
3. If you do not attend the training session you will not get any of the notes. Not even for a fee. Some exceptions would apply, eg: death in family or emergency with family in the hospital, etc. Exceptions are entirely up to the Governing Board.

Penalties include non-renewal of membership. Every member agrees to participate either by coming to the meetings, giving training sessions, helping succeed in our project or donating their time to do something for the chapter. Voting is very important to this chapter as everyone's votes counts.

**You MUST be a member of AMBA (American Medical Billing Assoc) 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 Chapter Hand book for details.**

Dues: \$50.00 a year (other fees may apply for Seminars/Training/Special Events etc).

NSF checks – you will be charged \$25.00 for each NSF check.

Please include this enrollment form with the \$50.00 yearly enrollment fee to the address below.

Make checks payable to: Rocky Mountain AMBA Chapter  
5994 South Logan Street  
Littleton, CO 80121

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person referring you to AMBA

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payment Received

CK CA



**AMBA Registration Form**

Please print and send with your payment to AMBA.

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birthday(MM/DD) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_ I paid online (*Please fax, mail or email this registration form to AMBA for our records.*)

\_\_\_ Individual Membership **\$99**

\_\_\_ Business Membership (*You may include up to 3 separate members*) **\$199**

\_\_\_ Add **\$79** for Each Additional Business Member Over 3

\_\_\_ **\$59** Student Membership Attached is proof

Order Total:\$ \_\_\_\_\_

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**Payment Method:** \_\_\_ Credit Card \_\_\_ Check \_\_\_ Money Order \_\_\_ Cashiers Check

Credit Card: \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover \_\_\_ American Express

Credit Card #: \_\_\_\_\_

Credit Card Expiration: MM \_\_\_\_\_ YY \_\_\_\_\_

Name On Credit Card (*Please print clearly*): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Business Members (ONLY) Names:**

**Member #1:** \_\_\_\_\_ Email: \_\_\_\_\_

**Member #2:** \_\_\_\_\_ Email: \_\_\_\_\_

**Member #3:** \_\_\_\_\_ Email: \_\_\_\_\_

**Member #4:** \_\_\_\_\_ Email: \_\_\_\_\_

**Send Membership Application and Payment to:**

American Medical Billing Association  
2465 E. Main  
Davis, OK 73030

Or, fax your application with credit card payment to (580) 369-2703.