**Connecticut Association Medical Staff Services**

**Application for Renewal of Membership**

**CONTACT INFORMATION (please print)**

|  |  |
| --- | --- |
| Name |  |
| CPMSM/CPCS/Other Credentials |  |
| Job Title |  |
| Employer |  |
| Work Address (Street) |  |
| City, State, Zip Code |  |
| Work Phone |  |
| Work Fax |  |
| E-Mail Address |  |
| Home Address (Street) |  |
| City, State, Zip Code |  |
| Home Telephone |  |

**Annual Dues are payable no later than April 1, 2025 for the current fiscal year (January – December 2025).**

**ACTIVE MEMBERSHIP – $85.00 by check – OR – $87.50 when paid online**

Active members shall be required to pay dues and will be eligible to vote and hold office. Active membership shall be medical staff services professionals having responsibilities in medical staff activities, credentialing or supporting the Joint Commission or NCQA credentialing functions. Active members shall be encouraged to join the National Association of Medical Staff Services.

**ASSOCIATE MEMBERSHIP – $50.00 (With Invitation from the Board of Directors)**

Associate membership shall be available to former Active members who no longer fulfill the Active criteria or to individuals who do not meet Active criteria but support the goals and objectives of CTAMSS and are invited by the Board of Directors. Associate members shall pay dues but shall not be eligible to vote or hold office.

**When paying online** at <https://ctamss.org>, please email your completed application to the treasurer at Cgonzalez@Connecticutchildrens.org. Note there is a $2.50 transaction fee included when paying online for a total of $87.50.

**When paying by check**, make it payable to “CTAMSS” and mail along with this completed application to the Treasurer:

**Ms. Carrie Gonzalez**

**42 Willis Street, Fl3**

**Bristol, CT 06010**