MINNESOTA ASSOCIATION MEDICAL STAFF SERVICES (MAMSS) MEMBERSHIP APPLICATION

Membership Year is JULY 1 – JUNE 30

☐ Application for initial membersh☐ Application for renewal of mem☐ Application for transfer of mem	bership	by		
PLEASE PRINT OR TYPE				
Last Name		First Nan	ne	MI
Credentials				
☐ If after reviewing the MAMSS ro	ster on the we	bsite there	are no changes to your contact informa	ition, please check here
Phone #	Ext.	Fax #	Email Address	
Employer			Job Title	
Mailing Address				
City			State	Zip
County				
Destruction hadron the con-				: 1. 1. 4. MAMOO
By signing below, I nere			I have reviewed and agree to ab licy and Procedures.	ide by the MAMSS
Signature			Date	
Birthday: Month Day				
Dues : Dues for this year are \$50		nake check	s payable to MAMSS.	
Return the completed application	on and dues	check to:	Laurie Pechovnik Mercy Hospital - Unity Campus 550 Osborne Road NE, MR 52400	

Fridley, MN 55432-2718

	Staff Services (MAMSS) recruits and processes its owr ion Medical Staff Services (NAMSS). While NAMSS man benefits.	
Are you a member of NAMSS? If not, and if you are interested in joining, please	☐ Yes ☐ No e look at NAMSS website, https://www.namss.org/.	
PLEASE TAKE A MINUTE TO COMPLETE TH	HIS QUESTIONNAIRE AND RETURN IT WITH YOUR	APPLICATION.
Type of health care entity employed in: Do you know someone in a health-related field name(s) and we will send them an application f	Acute Med/Surg Hospital Teaching Hospital Ambulatory Surgery Center Skilled Nursing Facility Managed Care / Health Plan PPO MSO Psychiatric Facility Armed Forces (Branch Credentialing Verification Organization Insurance Company Medical Group Other (Type That might benefit from MAMSS membership? If so, p)) lease share their
Last Name	First Name	MI
Employer	Job Title	
Mailing Address		
City	State	Zip
Email Address		

MAMSS Website:

http://mnamss.org/