

MEMBER INFORMATION	MEMBERSHIP CATEGORIES
Name: _____ Title: _____ Org/Affiliation: _____ Address: _____ City/St/Zip: _____ Phone: _____ Fax: _____ Email: _____ Website: _____  <input type="checkbox"/> <b>NP OPT OUT:</b> In consideration of the environment and conservation of resources, I elect to receive quarterly <i>New Perspectives</i> journals in electronic format only	<p style="color: red;"><b>All categories include a subscription to the New Perspectives Journal both printed and electronic versions.</b></p> <p><b>Individual Member:</b> Any individual is eligible to join AHIA as long as they are interested in the healthcare auditing profession.</p> <p><b>Group Membership Discounts:</b> Individuals are eligible to join as a group at discounted rates. Members will be enrolled based on employment under one organization name, with one source of payment. Discounts vary based on the number of individual members joining or renewing from the same organization</p> <p><b>Faculty Membership:</b> To be eligible for a faculty membership, a member must be an active faculty member or professor (adjunct or full) at a junior college, college or university. Proof of your faculty status must accompany your membership application or at each renewal period. The proof of status can be either a letter from the Department Chair or Human Resources Department.</p> <p><b>Student Membership:</b> To be eligible for student membership, a member must be enrolled as a full-time undergraduate student in a junior college, college or university. Full-time status is defined as 12 hours/semester, trimester or quarter. Proof of your undergraduate status must accompany your membership application or at each renewal period. Student memberships will expire after five consecutive years.</p>

**SELECT YOUR MEMBERSHIP LEVEL/CATEGORY**  
*All pricing indicated is per member – Choose one*

<p><b>Individual Membership:</b></p> <p><b>One-year Membership:</b></p> <p><input type="checkbox"/> Regular \$220    <input type="checkbox"/> Faculty \$75    <input type="checkbox"/> Student \$40</p> <p><b>Three-Year Membership:</b></p> <p><input type="checkbox"/> Regular \$615    <input type="checkbox"/> Faculty \$210    <input type="checkbox"/> Student \$105</p>	<p><b>***Group Membership Discount:</b></p> <p><b>One-year Membership:</b></p> <p><input type="checkbox"/> 2-5 Members \$200/per member    <input type="checkbox"/> 6-20 Members \$175</p> <p><input type="checkbox"/> 21-50 Members \$155    <input type="checkbox"/> 51+ Members \$120</p> <p><b>Three-Year Membership:</b></p> <p><input type="checkbox"/> 2-5 Members \$570/per member    <input type="checkbox"/> 6-20 Members \$495</p> <p><input type="checkbox"/> 21-50 Members \$ 435    <input type="checkbox"/> 51+ Members \$330</p>
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TOTAL	Information Withheld:
<p>Number of Applicants: _____ x Membership Cost: \$ _____ =</p> <p style="color: red; font-size: 1.2em;"><b>TOTAL:</b></p>	<p><input type="checkbox"/> AHIA occasionally makes mailing lists available to pre-approved organizations and individuals in the industry for one-time use. If you would like your name withheld from these mailings, please check the box.</p> <p><input type="checkbox"/> If you would like your name withheld from the online membership directory, please check the box.</p> <p><input type="checkbox"/> If you would like to withhold permission to receive informational faxes or emails from AHIA, please check the box.</p>

**\*\*\* APPLY THE GROUP MEMBERSHIP DISCOUNT TO THE FOLLOWING INDIVIDUALS**

Name	Title	Email	Phone	NP Opt Out?*
				Y or N
				Y or N
				Y or N
				Y or N
				Y or N

**PAYMENT INFORMATION**

<p><b>Payment Type:</b></p> <p><input type="checkbox"/> <b>Check/Money Order:</b> Mail the completed application and payment to: AHIA, PO Box 723248, Atlanta GA 31139. Checks or money orders (in US dollars), payable to AHIA.</p> <p><input type="checkbox"/> <b>Credit Card:</b> You are strongly encouraged to complete the online application at <a href="http://www.ahia.org">www.ahia.org</a>. If that is not possible and you must mail, fax or email this application, provide a contact telephone number and time of day when we may reach you for payment details.</p> <p style="padding-left: 40px;">Phone: _____ Availability: Date: _____ Time: _____</p>	<p><b>Important Payment And Security Notifications/Enforcements:</b></p> <p style="font-size: 0.8em;">1) Due to PCI compliance, DO NOT provide any credit card information via email. We prefer you do not mail or fax credit card information 2) All funds from international countries must be submitted in US dollars. No exceptions. 3) For wire transfer details, email <a href="mailto:info@ahia.org">info@ahia.org</a> 4) If AAPB cannot contact the purchaser for payment, within five business days, this application will be discarded and reapplication will be necessary.</p>
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# Association of Healthcare Internal Auditors Membership Application Form

Renew online at [www.ahia.org](http://www.ahia.org)

## DEMOGRAPHIC / ADDITIONAL INFORMATION

Please submit one copy of this page for each member indicated on this application:

NAME OF MEMBER APPLICANT: \_\_\_\_\_

1. Highest Educational Degree Achieved  
\_\_\_\_\_

2. Number of Auditors on Staff: \_\_\_\_\_

3. Number of Years in Auditing: \_\_\_\_\_

4. Number of Years in Healthcare: \_\_\_\_\_

5. Work Setting (Check all that apply)

- Hospital
- Durable Medical Equipment
- Reference Laboratory
- Homecare, Hospice or Palliative Care
- Physician Practices
- Health Plan
- Academic Medical Center
- Ambulance
- Research/Clinical Trials
- Nonprofit Integrated Healthcare System
- Federal, State, or Local Government
- Consulting Firm

6. Professional Memberships:

- ACFE    IIA    ACUA
- HCCA    ISACA    AICPA
- HFMA    ISACS

7. How did you hear about AHIA?

- Trade Show or Conference
- Internet/Website
- Direct Contact from AHIA
- Employer, Colleague or Co-worker, AHIA Member

(Please indicate his or her name and they will be made eligible for our annual Direct Member Connect rewards prize drawing)

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

8. Birth Year:

- 1920-1945 (Greatest Generation)
- 1946-1964 (Baby Boomers)
- 1965-1983 (Generation X)
- 1984-2004 (Millennials)

9. Position (Check the box that most accurately describes your job position: check one box only.)

*Executive:*

- Chief Audit Executive
- Senior Auditor within organization
- Chief Compliance or VP Compliance

*Director:*

- Audit Director (Internal/ Medical)
- IT Audit Director
- Compliance Director

*Manager:*

- Audit Manager (Internal/ Medical)
- IT Audit Manager
- Compliance Manager

**Staff:**

- Staff Auditor (Internal/Medical)
- IT Staff Auditor
- Compliance Auditor
- Audit Services Contractor

**Other:**

- External Public Accountant
- Corporate Management
- Educator
- Audit Committee Member
- Management Consultant
- Other \_\_\_\_\_

10. Please indicate which EHR/EMR system is PRIMARILY used by your organization:

- Epic
- Cerner
- Meditech
- McKesson
- Allscripts
- Other: \_\_\_\_\_