



ACADEMY OF CERTIFIED CASE MANAGERS

**Membership Application**

Do not use this application after December 31, 2023.

I wish to become a member.

\_\_\_\_\_ Date

\_\_\_\_\_ First Name Middle Name Last Name

\_\_\_\_\_ Home Address

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

\_\_\_\_\_ Telephone Fax e-mail (required)

Certification ID # \_\_\_\_\_ (ACCM mailings will be sent to home address)

**Practice Setting:**

Which best describes your practice setting?

- Independent/Case Management Company
- Hospital
- Rehabilitation Facility
- Home Care/Infusion
- Medical Group/IPA
- Academic Institution
- Hospice
- VA
- Consultant
- DOD/Military
- HMO/PPO/MCO/InsuranceCompany/TPA
- Other: \_\_\_\_\_

**JOIN ACCM TODAY!**

1 year: \$130 (year begins at time of joining)

Check or money order enclosed made payable to: <https://files.constantcontact.com/e899b3e7201/e26f8e57-1fd1-49bc-ab80-e53daa9eae72.jpg?rdr=true> **Academy of Certified Case Managers.**

Mail check along with a copy of application to:

**Academy of Certified Case Managers, 2740 SW Martin Downs Blvd. #330, Palm City, FL 34990.**

MasterCard  Visa  American Express If using a credit card you may fax application to: 203-547-7273

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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

**join/renew ACCM online at [www.academyCCM.org](http://www.academyCCM.org)**

For office use only: \_\_\_\_\_ Membership # \_\_\_\_\_ Membership expiration \_\_\_\_\_