



Akron Area Case Managers Association

AACMA <http://www.aacma.org>
P.O. Box 246
Cuyahoga Falls, OH 44222

2010 Membership Application

Date: _____

Membership Type: (circle one) New Renewal

Were you referred to AACMA? Yes No

Referred by: (if applicable)

Contact Information (Please Print)

I would like to be included in directory: (circle one) Yes No

Name: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail address: _____

Work Phone: _____ Cell phone: _____

Would you be interested in serving on any of the following committees?

Please check all that apply:

____ Education (Assist presenter)

____ Special Events (Halloween and Christmas Parties)

____ Membership (Assist with greeting, sign-in table, set-up)

Payment Information

(Memberships are individual at this time and run from January to December)

Membership dues are as follows:

\$ 30 Before or at February Meeting

\$ 35 After February meeting thru August Meeting

\$ 25 After August Meeting thru December Meeting

All memberships include admission to general meetings, obtain CEUs, networking opportunities, and admission to holiday events.

Payment Method: (Cash or Check)

Check number: _____ Check amount: _____

Cash amount: _____

Receipt number: _____

Send completed application and payment to:

AACMA

P.O. Box 246

Cuyahoga Falls, OH 44222