



Membership Enrollment Form

I. Personal Information (where information will be sent - no post office box allowed)	
Name	(Last) (First) (Middle)
Primary Contact <input type="checkbox"/> Home <input type="checkbox"/> Work	
Home Address	Work Phone ()
City/State/Zip	Work Fax ()
Company Name	Home Phone ()
Company Address	Cell ()
City/State/Zip	Email

Local Chapters

To find a local chapter in your area, visit www.aapc.com. AAPC will assign you to the nearest local chapter. You will be able to change the chapter you are assigned to by logging into the Member Area of www.aapc.com.

Project Xtern

- Do you need to complete an externship after completing your education program? Yes No
- Are you interested in participating in the AAPC Xtern program? Yes No

For information on the Xtern program, visit our web site at www.aapc.com

I am enrolling as a

- Regular Member (\$120) Student Member (\$70)*
 International Member (\$145) International Student Member (\$85)*

*For Student Membership, proof of registration is required.

I hereby certify that I have read, understood and agree to abide by the AAPC Code of Ethics. I understand and agree that my failure to abide by the AAPC Code of Ethics, as determined in the discretion of the AAPC, at any time hereafter, may result in the loss of all credentials conferred upon me by the AAPC, and of my membership in the AAPC.

_____ (initial space)

A copy of the AAPC Code of Ethics can be found at www.aapc.com

Payment Options (membership fees are nonrefundable and nontransferable)

- Company Check/money order enclosed \$ _____ (personal checks not accepted) Check Number _____
 Please charge my credit card account:
 VISA MasterCard Discover American Express
- Name (as it appears on the card) _____ Amount _____
 Account Number _____ Expiration Date _____
 Signature _____