



Iowa Association Medical Staff Services Membership Application

Name: _____ Date: _____

Job Title: _____

Facility: _____

Street Address: _____

City/State/Zip: _____

Work Number: _____ Fax Number: _____

Email Address: _____

Acute Bed Size: _____

Check all that apply: JCAH NCQA State Surveyed Only
 Critical Access Hospital CVO

Are you a: NAMSS Member Yes No
CPCS Yes No
CPMSM Yes No

Areas you would be interested in serving in these areas: Education and Programs
 Newsletter
 Membership

Checks should be made payable to Iowa Association Medical Staff Services. Membership dues are \$50. The IAMSS membership year is January 1—December 31. Membership dues received after October 1 will be applied to the next membership year. Please return your completed application and check to:

Crystal Harrington
Emergency Practice Associates
3840 W. 9th Street
Waterloo, IA 50702