



Membership Enrollment Form

| 1. 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 www.aapc.com.

Coding Edge and EdgeBlast

Membership includes a one-year subscription to the monthly *Coding Edge* magazine, and *EdgeBlast*, a free bi-weekly e-newsletter. Visit www.aapc.com and login to manage your *EdgeBlast* subscription.

I am enrolling as a

- Regular Member (\$120) Student Member (\$70)*

*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

Account Number _____ Expiration Date _____ Amount \$ _____

Signature _____

Print Card Holder's Name _____

Billing Address: (same as home) _____

