OAMSS
OHIO ASSOCIATION MEDICAL STAFF SERVICES

EXISTING MEMBERSHIP CONTACT INFORMATION CORRECTION REQUEST

***** This form is not intended for new Membership Registration *****

Return form to Immediate Past President:

Sue Champa, CPCS
Fax: 440-997-6397
Email: susan.champa@acmchealth.org

☐ **Name change** ☐ **New phone number** ☐ **Other**
☐ **Address change** ☐ **New email address**

Name:	
NAMSS Credentials:	
Title:	
Employer	
Primary Address:	
Phone:	
Fax:	
Email:	
Region (NE, NW, SE, SW):	
County:	

The above contact information will be used for all OAMSS correspondence.

***Membership Category*:**

☐ ACTIVE — Limited to Directors, Coordinators, Secretaries and/or those persons involved with administrative functions of the Medical Staff of any Hospital and/or Managed Care Organization. Active members shall be required to pay dues and shall be eligible to vote and hold office. Active members must reside and/or work in the State of Ohio.

☐ ASSOCIATE — Available to those interested in the overall aims and objectives of this organization. Associate members shall be required to pay dues, but shall not be eligible to vote or hold office.

_____ Signature

Date