

KAHRMM

Kansas Association for Healthcare
Resource & Materials Management

Allied with the Kansas Hospital Association



2020 Membership Form

Active, voting memberships are available to persons professionally engaged in health care purchasing, resource or materials management; group purchasing organizations; as well as medical manufacturers, vendors or distributors. Membership may also be obtained by those professionals in other healthcare related settings not mentioned.

I hereby apply for membership in KAHRMM and/or AHRMM and certify that I meet the membership requirements.

Name (please print): _____ Title: _____

Employer Name: _____

Address: _____

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

Phone: Work _____ Cell _____ Home _____

Email: _____

Signature: _____ Date: _____

Hospital Employee _____

Healthcare Supplier _____

KAHRMM / AHRMM One-check option: AHRMM membership is not required for KAHRMM membership. As a service to our membership, KAHRMM will coordinate your AHRMM membership renewal payment. Select your KAHRMM and AHRMM membership options below, and send one check to KAHRMM for the total amount. **When your AHRMM membership is due to renew, send your AHRMM membership renewal notice / invoice to the AHRMM Treasurer and your AHRMM dues will be paid.**

KAHRMM \$50 _____ After Sept 30th \$75 _____ New or Renewal Member (please circle)

Note: Due to the initial AHRMM membership questionnaire, new AHRMM applicants are encouraged to join on-line at the AHRMM website (www.AHRMM.org). After your first year of AHRMM membership is complete, use the One-check option to renew your AHRMM membership.

AHRMM Renewal Membership Categories (Select one category - see AHRMM website for membership category descriptions)

Supply Chain Provider _____ \$165.00 Affiliate / Supplier _____ \$240.00 Military _____ \$165.00

Supply Chain Executive _____ \$220.00 Young Professional Associate _____ \$135.00

Full-time Student _____ \$109.00 Retiree _____ \$109.00

CMRP Year Earned _____

AHRMM Fellow Year Earned _____

KAHRMM \$ _____

Renewal AHRMM \$ _____

Total Check Amount \$ _____

Make check payable to **KAHRMM** and mail to:

Chrissy Fink, RN, CMRP
Materials Management
Salina Regional Health Center
400 S Santa Fe
Salina KS 67401

To renew with credit card, please contact Chrissy at cfink@srhc.com.