

Membership/Renewal Application

Please check one:

New Member Renewal (My contact info has not changed)

Date:

Provider Information (please print clearly)

Contact data for AAHIVM correspondence

Name:

Provider Type: MD DO PA NP Pharmacist Other:

Additional Degrees: AAHIVM ID# (if known):

Address: Work Phone:
Home Fax:
Business Cell:

Email:

Gender (optional): Male Female Transgender

Ethnicity (optional): African American / Black Arabic/Middle Eastern Asian / Pacific Islander
 Caucasian/White Multi-racial Latino / Hispanic Native American
 Other:

of HIV Patients in Care: 1-19 20-75 76-100 101-150 151-300 301+
 Non-practicing

Principal Practice Setting: Community Health Center Correctional Facility Health Department
 HMO / Managed Care Hospital / Hospital-Based Clinic Industry / Research
 Private Practice Retail Pharmacy V.A. / Government
 Other:

Specialty: ID IM FP GP BCPS Other:

"Ryan White" Funding: Yes No N/A Anticipated Year of Retirement:

Information for Public Online Provider Directory, Referral Link

Organization:

Department: Job Title:

Address:
(if different from above)

Brief description of your practice for public display:

Please return this form via one of the following methods:

fax to: 202-659-0976, email scanned form to: aaron@aaahivm.org, or mail to:

AAHIVM | 1705 DeSales St. NW, Suite 700 | Washington, DC 20036 | 202-659-0699

Information for Public Online Provider Directory, Referral Link (continued)

Appointment Phone: Website:

Office Hours:

Admission Hospitals:

Fee Policies / Insurance Options Accepted: Medicare Medicaid Sliding Scale
 Private Insurance Other:

Please mark the services that **YOU** offer HIV patients:

Primary Medical Services	
<input type="checkbox"/>	Confirmatory HIV Testing
<input type="checkbox"/>	HIV Primary Care
<input type="checkbox"/>	GYN Care
<input type="checkbox"/>	Prenatal Care
<input type="checkbox"/>	Adolescent Care
<input type="checkbox"/>	Hepatitis C Mono-Infected
<input type="checkbox"/>	Hepatitis C Co-Infected
Specialty Care Services	
<input type="checkbox"/>	Women's Health
<input type="checkbox"/>	Men's Health
<input type="checkbox"/>	Transgender Health
Additional Clinical Services	
<input type="checkbox"/>	Case Management
<input type="checkbox"/>	Substance Abuse-Outpatient Care
<input type="checkbox"/>	Substance Abuse-Residential Care
<input type="checkbox"/>	Mental Health Services

Additional Clinical Services (cont'd)	
<input type="checkbox"/>	AIDS Drug Assistance Program (ADAP) access
<input type="checkbox"/>	HIV drug manufacturer pt. assistance program access
<input type="checkbox"/>	Access to clinical trials
<input type="checkbox"/>	Dental Care
<input type="checkbox"/>	Pharmacy Dispensing & Counseling
<input type="checkbox"/>	Pre-Exposure Prophylaxis (PrEP)
<input type="checkbox"/>	Post-Exposure Prophylaxis (PEP)
Support Services	
<input type="checkbox"/>	Medical Nutrition Therapy
<input type="checkbox"/>	Pain Management
<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Health insurance counseling/assistance
<input type="checkbox"/>	Translation / Bilingual care
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Ministry & Spiritual Services
<input type="checkbox"/>	Do not provide clinical services

Membership Dues Info (includes automatic enrollment as a Member of your state/regional chapter)

- Annual** \$200
 - Monthly** (credit card req.) \$180
\$15 charged monthly
 - Multi-Year** (min. 2 years.)
\$180 / year x years =
 - Group** (min. 5 applications, paid together)
\$175 per person x people =
 - HIV Treaters Association of Puerto Rico Member** \$75
 - Fellow/Resident** \$40
 - Retired** \$25
 - Student** (for **non-licensed students** pursuing any of the following degree types: MD, DO, PA, NP, PharmD, RPh; providers holding any of these licenses are ineligible for complimentary Student Membership) Complimentary
- Total \$

With submission of this application, I agree to AAHIVM's Code of Ethics (available at www.aahivm.org).

Payment Type: Check enclosed
 Credit Card (Visa, M/C or Amex)

Name on card:

Card #:

Exp Date:

CCV#: Billing Zip Code:

Signature:

IMPORTANT TAX NOTE: AAHIVM is exempt from taxes as a non-profit 501(c) (6) organization. Please note that advocacy expenditures result in some restrictions on a member's ability to deduct membership fees as a business expense. See Internal Revenue Code Section 162 (e) (1). AAHIVM estimates that the non-deductible portion of your annual membership fee is twenty (20%) percent.

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