

HCCA Membership Application

Contact Information

Mr Mrs Ms Dr

First Name MI Last Name

Credentials (CHC, CCEP, etc.) Job Title

Organization (Name of Employer)

Street Address

City/Town State/Province Zip/Postal Code Country

Work Phone

Email (required)

Membership Options

Individual Membership\$325
\$325 per individual annually.

Group Employee Membership\$275
\$275 per employee annually. Must have four or more applicants from the same organization to qualify. Please fill out one form for each applicant.

Student Membership\$150
\$150 per student annually. To qualify you must be a full-time or part-time student and unemployed.

TOTAL \$ _____

Terms and Conditions

By submitting this membership application, you agree to the full Terms and Conditions, including the use of your information, viewable at hcca-info.org/membership/tandc.

Your information may be shared for marketing and/or networking purposes within the association and with our affiliates, and partners. To see the full use of your information or if you wish to opt-out, visit hcca-info.org/privacy.

Opt-Out: Select if you would like to opt-out of the following:

- Member Magazine Listings: HCCA lists all new members (first and last name, organization, and state or country) in our monthly magazine, *Compliance Today*.
- Online Member Directory: HCCA's member directory lists first and last name, organization, title, address, and phone number.

Payment

Online application at hcca-info.org/membership

Mail this form to Health Care Compliance Association, 6462 City West Parkway, Eden Prairie, MN 55344 USA

Fax this form to 952.988.0146

Email this form to helpteam@hcca-info.org — Due to PCI compliance, do not provide credit card information via email. You may email this form (without credit card information), then call HCCA at 888.580.8373 with payment information.

- Invoice me
- Check enclosed (payable to HCCA)
- Wire transfer requested
- Credit card: I authorize HCCA to charge my:
 - Visa
 - MasterCard
 - Discover
 - American Express

Credit Card Account Number

Credit Card Expiration Date

Cardholder Name

Cardholder Signature

Questions? Call 888.580.8373 or 952.988.0141 or email helpteam@hcca-info.org