



2026 Membership Application

I REQUEST MEMBERSHIP IN THE FOLLOWING CATEGORY:

☐ **Active:** Active members shall consist of individuals actively involved in credentialing and/or privileging of practitioners or provider organizations as well as those involved in regulatory compliance in the healthcare industry. Active members shall renew membership by paying dues yearly and are eligible to vote and hold office, in compliance with the regulations listed under the Board of Directors. All active members shall be encouraged to obtain membership through the NAMSS organization as well.

☐ **Affiliate:** Affiliate Membership shall consist of former active members who no longer meet criteria for active membership, who support the state association, who are interested in the overall goals and objectives of the organizations but are not currently involved in the credentialing and/or privileging or practitioner or provider organizations or are full time students enrolled in a health related field. Affiliate members shall pay annual dues and should be involved in contributing to the overall goals and objectives of the organization but are not eligible to vote or hold office.

<i>Current Information for Dues Payment and UAMSS Database Update</i>			
Name:			
Title:			
NAMSS Certification:	<input type="checkbox"/> CPMSM – Certified Professional in Medical Services Management <input type="checkbox"/> CPCS – Certified Provider Credentialing Specialist <input type="checkbox"/> CPES – Certified Provider Enrollment Specialist <input type="checkbox"/> Not Certified		
Facility Name:			
Address:			
City:			
State:		Zip Code:	
Phone:			
Fax:			
Email Address:			

Amount Due:

- ☐ Regular Rate - \$75.00 per member per calendar year.
- ☐ Early Bird Rate - \$65.00 per member per calendar year, if paid by **February 28, 2026**

We encourage you to actively participate in UAMSS.

Make checks payable to: "Utah Association of Medical Staff Services" or "UAMSS"

Note: If paying for multiple members, please have each member complete and return this page.

Mail your check and a copy of this form to:

UAMSS Board
C/O Ali Gordon
PO Box 1593
West Jordan, UT 84084

Please remit dues no later than March 31, 2026 Questions? Email: UAMSSboard@gmail.com