



Austin Case Management Association, Inc.  
**2010 MEMBERSHIP FORM**

**Case Manager** (Definition as stated in the ACMA bylaws) One who currently supervise and/or provides a collaborative process across a continuum. He/She assesses, implements, coordinates, monitors, and evaluates services to meet individual needs through Community and available resources to promote quality, cost-effective outcomes.

**Membership Year**-Calendar year is January thru December of the same year.

**Membership** is non-transferable from one person to another.

**All Members** have the right to vote, hold committee membership, and hold office in the ACMA, Inc. organization.

\_\_\_\_ **Regular Member**- Individual engaged in the profession (direct or supervisory) of case management sometime in the calendar year. Dues-\$30.00/year

\_\_\_\_ **Associate Member**- Individual employed by corporations who sell/market products and services to case management individuals. Due-\$30.00/year

**PLEASE PRINT**

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:**     **Home**                     **Business**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **TX**                     **Zip** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Home/Cell:** \_\_\_\_\_

Please circle any of the committees you would like to be involved in:

Membership                     Newsletter                     Scheduling/Monthly Education                     Conference Planning.

I give Austin Case Management Association permission to release my name and address in the ACMA membership Directory as documented above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail, along with payment to:  
Austin Case Management Assoc., Inc  
P.O. Box 141206  
Austin, TX 78714-1206