



Austin Case Management Association, Inc.
2011 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 supervises) 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 _____

Work Phone: _____ Fax: _____ Home/Cell: _____

Email Address:(publish email: yes___no___) _____

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, address, and email 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