

Application for Individual Membership



Please complete this form to pay via check. If you wish to pay using a credit card, visit ahip.org/IndivMembership to pay online.

Eligibility

- Employees of current AHIP Member Organizations are automatically entitled to member benefits at no additional cost. For more information on how to access those benefits, please contact MembershipFrontline@ahip.org.
- If you are employed by a non-Member health insurance plan, you are not eligible for this type of membership.

FULL NAME		DEGREE (IF APPLICABLE)		<input type="checkbox"/> DO	<input type="checkbox"/> JD	<input type="checkbox"/> MD	<input type="checkbox"/> MPA	<input type="checkbox"/> MPH	<input type="checkbox"/> PHD	<input type="checkbox"/> RN
JOB TITLE										
ORGANIZATION										
ADDRESS										
ADDRESS										
CITY			STATE		ZIP		COUNTRY			
PHONE (AREA CODE/NUMBER)					CELL PHONE (AREA CODE/NUMBER)					
FAX (AREA CODE/NUMBER)					E-MAIL (FOR AHIP INTERNAL USE ONLY.)					

Payment

Please make your check payable to "AHIP". Send your payment and application via one of the options below:

REGULAR MAIL:

America's Health Insurance Plans
PO BOX 418091
Boston, MA 02241-8091

EXPRESS MAIL:

AHIP/Individual Membership
601 Pennsylvania Ave., NW
South Building, Suite 500
Washington, D.C. 20004

Annual Membership Dues

Individual — \$295

Please call AHIP's Membership Team at **202.778.8502** or e-mail MembershipFrontline@ahip.org with questions.