

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 (AHIP INTERNAL USE ONLY)			

Annual Membership Dues:

Individual - \$295

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

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