

# K.A.M.I. MEMBERSHIP APPLICATION

Type of Application being applied for:

Individual	___	\$25. <sup>00</sup>
Associate	___	\$12. <sup>50</sup>
Student	___	\$4. <sup>00</sup>
Corporate	___	\$200. <sup>00</sup>
Institution	___	\$100. <sup>00</sup>

*All Costs reflect 50% off for Inaugural Year*

**Please note that any returned check will be subject to a \$25.00 fee.**

Mail Application and Payments to:

**K.A.M.I.**

**Attn: K.A.M.I. Treasurer**

**P.O. Box 24794**

**Lexington, KY 40524**

**FEDERAL TAX ID: 27-2361764**

[Please type or print all information]

Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Facility: (If different from above) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Position or Title \_\_\_\_\_ Department \_\_\_\_\_

Immediate Supervisor & Title \_\_\_\_\_

Describe your job functions & responsibilities: \_\_\_\_\_

\_\_\_\_\_

*Complete only those items in this section necessary to establish compliance with the criteria for the appropriate membership category.*

Are you certified? Yes \_\_\_ No \_\_\_ Type Certification \_\_\_\_\_

If Yes, list certifying organization \_\_\_\_\_ Date \_\_\_\_\_

If you are a member of other professional organizations, please list \_\_\_\_\_