



## Corporate Change Request Information

### Cost

- The Corporate Change Request Form must be received in order to process any change. If payment is required, changes will not be made until form and payment are received
- Additional members may be added to a corporate membership at a prorated amount based on the renewal date; call the corporate membership department for prorated cost. Online changes will be an exception to using this form

### Refund Policy

- All memberships are non-refundable
- Any overpayments will be converted into "open spaces" on the corporate membership

### Current Individual Membership Changing to Corporate Membership Status

- Individual renewal date and continuing education units (CEUs) will be prorated to corporate renewal date
- Once added to a corporate membership, individual membership dues are nonrefundable
- Individual membership dues are not applicable to corporate membership dues
- Employees must be notified in advance before being added to a corporate membership

### Removals

- Any members removed from the corporate membership will be responsible to renew on their own as an individual member to remain active and maintain credentials
- All members removed from the corporate membership will receive notification of such. Certified members will be given a prorated amount to submit to the AAPC in order to remain active through their renewal date

### Procedures

- It is the corporate contact's responsibility to notify AAPC of any and all changes; all change requests must be submitted via email, fax, or mail. Changes may also be made to the corporate membership by logging into [www.aapc.com](http://www.aapc.com)
- If an assistant will be handling payment and/or changes made to the corporate membership; they must be listed as the corporate contact
- All new member packets, and updated membership cards will be mailed to the corporate contact for distribution to each corporate member
- All changes are processed in the order in which they are received

## AAPC

Corporate Membership Department  
2480 South 3850 West, Suite B  
Salt Lake City, UT 84120  
800-626-2633 (CODE) ■ Fax 801-236-2258 ■ [www.aapc.com](http://www.aapc.com)



## Corporate Change Request Form

|                                |
|--------------------------------|
| Company Name                   |
| (Last) (First) (Middle)        |
| Corporate Contact              |
| Corporate Membership ID Number |

|                                 |   |   |                                   |                                     |                               |
|---------------------------------|---|---|-----------------------------------|-------------------------------------|-------------------------------|
| <b>Method of Payment</b>        |   |   |                                   |                                     |                               |
| Amount \$ _____                 | <input type="checkbox"/> Company Check/Money Order Enclosed<br>(personal checks not accepted) | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa |
| Card # _____                    | Exp Date ____ / ____  | Signature _____                           |                                   |                                     |                               |
| Print Card Holder's Name: _____ |   |   |                                   |                                     |                               |
| Billing Address: _____          |   |   |                                   |                                     |                               |
| _____                           |   |   |                                   |                                     |                               |

List individual members, check home or work address for news magazine delivery  
 \* Agreement must be filled out in its entirety in order to be processed

Member ID \_\_\_\_\_

|  |            |
|--|------------|
| <b>1. Personal Information (where magazines will be sent - no post office box allowed)</b> |            |
| (Last) (First) (Middle)  |            |
| Name   |            |
| Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work               | Work Phone |
| Home Address   |            |
| City/State/Zip   | Home Phone |
| Work Address   | Cell       |
| City/State/Zip   | E-Mail     |

Member ID \_\_\_\_\_

|  |            |
|--|------------|
| <b>2. Personal Information (where magazines will be sent - no post office box allowed)</b> |            |
| (Last) (First) (Middle)  |            |
| Name   |            |
| Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work               | Work Phone |
| Home Address   |            |
| City/State/Zip   | Home Phone |
| Work Address   | Cell       |
| City/State/Zip   | E-Mail     |



Member ID \_\_\_\_\_

|   |                         |
|---|-------------------------|
| <b>3 Personal Information (where magazines will be sent - no post office box allowed)</b> |                         |
| Name _____  | (Last) (First) (Middle) |
| Primary Contact: <input type="checkbox"/> Home <input type="checkbox"/> Work              | Work Phone              |
| Home Address  | Work Fax                |
| City/State/Zip  | Home Phone              |
| Work Address  | Cell                    |
| City/State/Zip  | E-Mail                  |

**List members you would like to remove:**

1. Member ID \_\_\_\_\_ Name \_\_\_\_\_

2. Member ID \_\_\_\_\_ Name \_\_\_\_\_

3. Member ID \_\_\_\_\_ Name \_\_\_\_\_

4. Member ID \_\_\_\_\_ Name \_\_\_\_\_

5. Member ID \_\_\_\_\_ Name \_\_\_\_\_

Corporate contact: \_\_\_\_\_ Date: \_\_\_\_\_