



## Emeritus Membership Renewal Form

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

1. Personal Information (where information will be sent)		
(Last)	(First)	(Middle)
<b>Primary Contact</b> <input type="checkbox"/> Home		
Home Address		
City/State/Zip		
Email	Home Phone (    )	Cell (    )

### Emeritus Membership:

Emeritus membership enables retired AAPC members to continue receiving all member benefits and maintain one credential at a lower cost. There is no CEU requirement for Emeritus members. **In order to take advantage of Emeritus membership, fax or mail this form to the AAPC along with a copy of a current form of identification (i.e., state ID, drivers license, military ID).**

I am enrolling as an

☐ Emeritus Member (\$70)

I hereby certify that I am no longer a practicing medical coder and I am 60 years of age or more. I understand that if I choose to practice medical coding at any time in the future that basic individual membership rates will be mandated.

\_\_\_\_\_ (Date of Birth)

I hereby certify that I have been a medical coder through the AAPC for two or more years.

\_\_\_\_\_ (Certification Date)

I hereby certify that I have read, understood and agree to abide by the AAPC Code of Ethics. I understand and agree that my failure to abide by the AAPC Code of Ethics, as determined in the discretion of the AAPC, at any time hereafter, may result in the loss of all credentials conferred upon me by the AAPC, and of my membership in the AAPC. \_\_\_\_\_ (initial space)

A copy of the AAPC Code of Ethics can be found at [www.aapc.com](http://www.aapc.com)

### Payment Options (membership fees are nonrefundable and nontransferable)

- Fax completed form (with copy of identification) to 801-236-2258 or click email option below.
- Please call 800-626-2633 to make payment with credit/debit card.
- Mail a completed form (with copy of identification) to:

PO Box 35199

Seattle, WA 98124