



### Emeritus Membership Renewal Form

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

I. 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 their credential at a lower cost. Emeritus membership also requires a lesser amount of CEUs to be due every two years. **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)

- 24 CEUs will be required every two years to maintain Emeritus Membership.

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 and CEU amounts 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)

Cashiers Check/money order enclosed \$ \_\_\_\_\_ (personal checks not accepted)    Check Number \_\_\_\_\_

Please charge my credit card account

VISA     MasterCard     Discover     American Express

Account Number \_\_\_\_\_    Expiration Date \_\_\_\_\_    Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Print Card Holder's Name \_\_\_\_\_

Billing Address: ( same as home) \_\_\_\_\_

\_\_\_\_\_