

2024 Integrated Health Group Discount

Three members from the same institution are eligible to receive a **15** % **discount** on Integrated Health membership fees.

Four or more members from the same institution are eligible to receive a **20** % **discount** on Integrated Health membership fees.

New Integrated Health **members and renewals** may both be included in the discount group.

Members working in hospitals must work at the same center. Members who work within the same hospital system but **different centers will not be considered** working in the same facility.

Payments may be made as a **group or separately** by each individual in the group. Please do not submit your group discount until you have all payments ready to submit.

Type of Membership	Regular Price in \$	Discounted 15% (3 members) Price in \$	Discounted 20% (4 or more members) Price in \$
Regular Associate / Associate	125.00	106.00	100.00
Affiliate Associate	100.00	85.00	80.00
International Associate	95.00	81.00	76.00
International Affiliate Associate	70.00	60.00	56.00
Student	35.00	30.00	28.00

For questions please contact Kim Carmichael at <u>ih-membership@asmbs.org</u>.

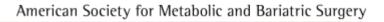
This form may be emailed to the address listed above or mailed to the ASMBS office.

ASMBS 14260 W Newberry Road, #418 Newberry, FL 32668



Group Discount Payment Form

Facility Name:				
Facility Address Line 1:				
Address Line 2:				
City:		State:	Zip:	
Number of Employees Cla	iming Membership:	Discount Taken	(15%, 20%):	%
Member 1 Name:				
Application attached	Application submitted onli	ne	Member Number:	
		Membership 7	Гуре:	
	Discounted Membership Fee: \$			
		State	e Chapter Fee: \$	
	Nan	ne of State Chapter	(if applicable):	
		SOARD journa	al subscription:	
		ASMBS Foundat	ion Donation: \$	
		Obesity PA	AC Donation*: \$	
		Total for th	nis Individual: \$	
Member 2 Name:				
Application attached			Member Number:	
		Membership 7	Гуре:	
		Discounted Mer	nbership Fee: \$	
		State	e Chapter Fee: \$	
	Nan	ne of State Chapter	(if applicable):	
		SOARD journa	al subscription:	
			ion Donation: \$	
			AC Donation*: \$	
		Total for th	nis Individual: \$	





Member 3 Name:		
Application attached	Application submitted online Member Number:	
	Membership Type:	
	Discounted Membership Fee: \$	
	State Chapter Fee: \$	
	Name of State Chapter (if applicable):	
	SOARD journal subscription:	
	ASMBS Foundation Donation: \$	
	Obesity PAC Donation*: \$	
	Total for this Individual: \$	
Member 4 Name:		
Application attached	Application submitted online Member Number:	
	Membership Type:	
	Discounted Membership Fee: \$	
	State Chapter Fee: \$	
	Name of State Chapter (if applicable):	
	SOARD journal subscription:	
	ASMBS Foundation Donation: \$	_
	Obesity PAC Donation*: \$	
	Total for this Individual: \$	





Member 5 Name:							
Application attached	Application submitted online	Member Number:					
	Membership Type:						
	Discounted Membership Fee: \$						
	State Chapter Fee: \$						
	Name of State Chapter (if applicable):						
	SOARDj	iournal subscription:					
	ASMBS For	undation Donation: \$					
	Obesity PAC Donation*: \$						
	Total for this Individual: \$						
Grand Total: \$ Card Type: □ Visa □ MasterCard □ American Express □ Discover							
Expi	iration Date:Security Code:						
•	State:	-					
Email for receipt:							
I agree to the charges listed a	above:						
Signature:	Dat	e:					

^{*} Contributions to American Society for Metabolic and Bariatric Surgery Political Action Committee, Inc. (Obesity PAC) are not deductible as charitable contributions for Federal income tax purposes. Obesity PAC is funded by voluntary contributions. You have the right to refuse to contribute without reprisal. Contributions will be used for political purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. The recommended contribution amounts are only suggestions. You may give more or less than the suggested amount. The American Society for Metabolic and Bariatric Surgery will not favor or disadvantage anyone by reason of the amount of their contribution or their decision not to contribute. Contributions must be made with personal funds only. You must be a US citizen or permanent resident (green card holder) to contribute.