



Allied with the Kansas Hospital Association

2025 Membership Form

Active, voting memberships are available to persons professionally engaged in health care purchasing, resource or materials management; group purchasing organizations; as well as medical manufacturers, vendors, or distributors. Membership may also be obtained by those professionals in other healthcare related settings not mentioned.

KAHRMM Membership Categories (Select one category) _____ \$100 _____ 2025 New Member \$-0- _____ Complete and Return

Please check: Renewal New Member Membership Form by 3-31-25 \$-0-

KAHRMM is a chapter affiliate of AHRMM, and has been recognized as a Diamond chapter, the highest designation, for the last 14 years.

Are you a current member of AHRMM? Yes No AHRMM Member # _____

If you are not already a member of AHRMM, we encourage you to join on-line at the AHRMM website (www.AHRMM.org) as AHRMM offers additional networking and educational opportunities, as well as the Certified Materials & Resource Professional (CMRP), the premier certification for healthcare supply chain.

AHRMM FELLOW: Year Earned _____ AHRMM CMRP: Year Earned _____

Additional Certifications _____

TOTAL KAHRMM MEMBERSHIP AMOUNT: \$ _____

I hereby apply for membership in KAHRMM and certify that I meet the membership requirements of attending at least one in-person meeting annually.

Name (please print): _____

Title: _____

Name of Hospital/ Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Hospital Employee: Yes Hospital Supplier: Yes

Applicant's Signature: _____ Date Submitted: _____

If paying electronically by scanning the QR code, email completed form to Lori Selzer at lknoeber@kumc.edu.



Or mail with payment to: Kipra Streit
 Salina Regional OPS Building
 333 South 4th
 Salina, KS 67401