



*Empowering Professionals. Elevating Healthcare. Supporting You.*

## **Association of Revenue Cycle Professionals (ARCP)**

### **2026 Membership Application**

Thank you for your interest in joining the Association of Revenue Cycle Professionals (ARCP). Membership provides access to valuable resources, industry insights, professional development opportunities, and a community dedicated to advancing excellence in revenue cycle management. ARCP membership supports your career growth through education, networking, best-practice sharing, and access to leading experts in the field.

### ***Membership Categories & 2026 Dues***

These are initial 2026 introductory rates. Please note that rates will increase for the 2027 membership cycle.

- Provider/Corporate Partner Member: \$150
- Military Rate: \$135
- Student Member: Free
- Retiree Member: Free

*All memberships include auto-renewal for future cycles unless the member opts out prior to renewal.*

### ***Member Information***

Please complete all fields unless otherwise noted.

**Full Name:** \_\_\_\_\_

**Professional Title:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Mailing Address:** \_\_\_\_\_

**Best Address to Mail Materials To:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



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**Cell Phone Number (Optional):** \_\_\_\_\_

**List any certifications held and list the organization they are held with:**

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**Work Anniversary Date:** \_\_\_\_\_

### **Military Service Discount Eligibility**

ARCP is proud to support those who serve

Please complete the following if applicable:

**Are you currently serving in the National Guard or Reserves?** ☐ Yes ☐ No

If yes, please provide:

- **Branch (National Guard or which Reserve component):**

\_\_\_\_\_

- **Rank:** \_\_\_\_\_

- **Service End Date:** \_\_\_\_\_



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### ***Payment Information***

All checks should be made payable to **ARCP** and mailed to:

**10340 Democracy Lane  
Suite 300  
Fairfax, VA 22030**

- Membership runs from **January 1 through December 31** of each year.
- If paying via credit card, a **3% credit card processing fee** will be applied.

### **Credit Card:**

Name on Card:  
Type of Card:  
Card Number:  
Expiration Date:  
Security Code:  
Address:

### **Auto-Renewal Agreement**

By submitting this application, you agree that your ARCP membership will automatically renew annually at the prevailing membership rate for the next cycle unless you cancel your membership in writing prior to the renewal date.

**Opt-Out Option:** ☐ *Check this box if you wish to **opt out of automatic renewal** and prefer to manually renew your membership each year.*

### **Code of Ethical Conduct Agreement**

By becoming a member of the Association of Revenue Cycle Professionals (ARCP), you agree to uphold and adhere to the ARCP Code of Ethical Conduct. This includes maintaining the highest standards of professionalism, integrity, confidentiality, and ethical behavior in all revenue cycle-related activities.

**Agreement:** ☐ *I acknowledge that I have read, understand, and agree to abide by the ARCP Code of Ethical Conduct as a condition of membership.*



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**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for joining ARCP. We look forward to supporting your continued growth and success in the revenue cycle profession.