



MEMBERSHIP FORM

DUES

Active Members \$100 (one year) \$180 (two years)

Affiliate Members \$225 (one year) \$405 (two years. Additional affiliate from same company \$180)

Membership categories

ACTIVE (employed in medical practice)

AFFILIATE (vendor, sells product/services to medical organizations)

STUDENT (fulltime enrolled in healthcare administration curriculum. Student status documentation must be provided each semester.

ACTIVES ONLY: Multiple members from same office must be enrolled and paid at the same time. 2 year enrollment deduct 10%

- 1-3 members \$100 each
- 4-7 members \$90 each
- 8-10 members \$70 each
- 11 plus members \$50 each

Your Name _____

Credentials (BS, CMPE, CPC, MA, etc) _____

Email: _____

Job Title _____ # Years in medical management _____

New Members: Where did you learn of MGMA? Referred by _____ Website Mail

Practice/Organization Name _____

Practice Address _____

City, State, Zip _____

Telephone _____ Specialty _____

My practice is: (*circle*) Independent Hospital-owned Other _____

Physicians _____ # Employees _____ # Other Providers _____

NOTICE: Photos taken at our educational and social events could be used in our marketing materials, website and news advisories. As part of your membership, you receive information and resources via email and/or postal mail which could help you and your organization. By providing your contact information on this form, you are expressly consenting to receive communication through these channels. Our membership mailing list is also provided to top-level sponsors. If you do not wish your mailing address to be included on the sponsor list, please check this box.

Your Signature (required) _____ Date _____

MGMA-Louisiana State Office / Phone: (985) 290-8020/ 1527 Gause Blvd #105/ Slidell, LA 70458