

BAYOU CHAPTER MEDICAL MANAGERS MEMBERSHIP APPLICATION

I am applying for General Membership Affiliate Membership

Name _____

Title _____

Address _____

Practice _____

Telephone _____ Fax _____

Email _____

Specialty _____

Doctors/providers _____ # Employees _____ # Offices _____

Communications approval:

I want to receive e-mails and faxes from BCMM

Mailing List:

BCMM may provide our member mailing list to general members, affiliate members and/or sponsors

Permission granted Permission not granted

Member of LMGMA (state): Yes No

Member of MGMA (national): Yes No

Member of ACMPE: Nominee Certified Fellow

www.lmgma.org

www.mgma.com

http://www.mgma.com/Certification_Process/?mm=25940

Annual Dues are \$150 and include 11 regular business meetings and the holiday party.

Enclose check made payable to

Bayou Chapter Medical Managers

PO Box 5572

Thibodaux LA 70302