



# Acadiana Chapter

Post Office Box 53244  
Lafayette, LA 70505-3244

## 2018 Membership Application

(Please print for accuracy)

Member's Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Practice/Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Practice: \_\_\_\_\_

Your Highest Education Level: \_\_\_\_\_

Number of Years in Medical Field: \_\_\_\_\_ in Current Position: \_\_\_\_\_

Number of Employees You Directly Supervise: \_\_\_\_\_

Number of Physicians in Your Practice: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Check one:

**RENEWAL** Membership Dues for 2017: Due by December 31st .....\$25.00

**NEW** Membership Dues for 2017: Due by December 31st ..... \$25.00

Referred By \_\_\_\_\_

**STUDENT** Membership Dues for 2017: Due by December 31st .....FREE (must include copy of current school ID with application)

Referred By: \_\_\_\_\_

Check type of membership:

**ACTIVE MEMBER:** Employed in a physician office practice, medical group practice, physician hospital organization or management services organization.

**ALLIED MEMBER:** Affiliated with medical practices but not employed directly in a medical office.

**STUDENT MEMBER:** currently enrolled full time in an accredited undergraduate or graduate program. Enjoy resources and connect to help you reach your career goals.

Please make checks payable to: **MGMA-LA- Acadiana Chapter** and mail to: **P. O. Box 53244, Lafayette LA 70505-3244** or bring to the next meeting.

Membership paid by: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_

\*\*Please note this application is for the Acadiana Chapter, not the state organization.\*\*