

**MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you in an independent practice, hospital network or hospital? \_\_\_\_\_

No. of Physicians in practice (group): \_\_\_\_\_ No. of locations: \_\_\_\_\_ No. of Employees you supervise: \_\_\_\_\_

1. Your responsibilities include: (all that apply)

- |                                 |                                  |
|---------------------------------|----------------------------------|
| _____ Hiring / Firing Employees | _____ Review insurance contracts |
| _____ Evaluation of employees   | _____ Write and enforce policies |
| _____ Make financial decisions  | _____ Payroll / Accounting       |

2. As a manager, you manage: (all that apply)

- |                             |                          |
|-----------------------------|--------------------------|
| _____ Front Desk Department | _____ Insurance          |
| _____ Clinic Area           | _____ Billing Department |
| _____ Other _____           |                          |

**INDICATE BELOW THE LEVEL OF MEMBERSHIP FOR WHICH YOU ARE APPLYING OR RENEWING.**

\_\_\_\_\_ Renewing \_\_\_\_\_ I am a new member referred by: \_\_\_\_\_

\_\_\_\_\_ Active Member – An active member must be a full-time member of the administrative staff of a health care provider’s office with the responsibility of the multifaceted management of the same. Dues are \$50.00 annually / \$35.00 for each additional member from same practice.

\_\_\_\_\_ Associate Member – An associate member must be a representative of a health care network who works with, interfaces with and/or has similar duties as the active members of this organization. Associate members shall have no vote and may not hold office. Ex: medical consultants or insurance representatives. Dues are \$125.00 annually.

All applications are reviewed by the membership committee for acceptance. Checks may be made payable to MGMA Northlake and mailed to the address above.

I have reviewed and agree to accept and adhere to the Bylaws of MGMA Northlake.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_