



2016 Membership Application

<input type="checkbox"/> New Member Application <input type="checkbox"/> Renewing Member Application <i>Check one</i>

Member Eligibility - An individual who is actively involved in an administrative capacity and in the day-to-day decision-making process of a Healthcare/Physician provider group.

Annual Dues are \$75.00

Member Information

Applicant Title

Organization E-mail Address

Organization Mailing Address

Telephone Number Fax Number

Name of Referring Member Date

Note all for which you have responsibility:

Patient Billing & Collections	<input type="checkbox"/>	Corporate Investments	<input type="checkbox"/>
Personnel Administration	<input type="checkbox"/>	Pension Planning	<input type="checkbox"/>
Supply Purchasing	<input type="checkbox"/>	Equipment Purchasing	<input type="checkbox"/>
Facility Design	<input type="checkbox"/>	Marketing	<input type="checkbox"/>
Contract Negotiations	<input type="checkbox"/>	Accounting/Budgeting	<input type="checkbox"/>
HIPAA	<input type="checkbox"/>	OSHA	<input type="checkbox"/>

How many people do you manage? _____

Are you a member of: MGMA National Yes No MGMA-Louisiana Yes No

Please return this application along with your dues to: Note our new contact information

MGMA-Baton Rouge | P.O. Box 85484 | Baton Rouge, Louisiana, 70884