



# 2019 Regular Membership Application

**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.

- New Member Application

Renewing Member Application

**Annual Dues are \$75.<sup>00</sup>**

## Member Information

Applicant	Title
Organization	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:**

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