



## NEW MEXICO MEDICAL GROUP MANAGEMENT ASSOCIATION

(Please type or print)

\_\_\_\_\_ **NEW MEMBER**

\_\_\_\_\_ **RENEWAL**

\_\_\_\_\_ **STUDENT**

\_\_\_\_\_ **VENDOR**

### MEMBERSHIP APPLICATION

NM-MGMA is dedicated to creating an environment of personal support and opportunity for growth by providing resources to develop respected professionals who will effectively implement change through innovative leadership.

Name: \_\_\_\_\_ Title \_\_\_\_\_

Company or Practice Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office City, State and Zip \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ **Individual:** \$75.00 An Individual Member is someone who performs managerial duties involving multiple areas, or performs administrative tasks or provides patient care and also performs managerial or administrative tasks.

\_\_\_\_\_ **Allied:** \$75.00 An Allied Member is a person who is not eligible to be an Individual Member. They may be a representative of a non-group practice or organization who is otherwise involved in healthcare through professional societies and emerging healthcare systems.

\_\_\_\_\_ **Student:** \$25.00 A student member is a person who is a fulltime student according to the guidelines of their college or university.

\_\_\_\_\_ **Vendor:** \$125.00 A Vendor Member is a person or an organization that provides products and/or services which enhance our Association's member's ability to meet the health needs of their community.

Please enclose your check made payable to NM-MGMA for annual dues in the appropriate amount as indicated above for your membership category. Please send this application along with your check to:

Liz Ford  
Membership Coordinator  
PO Box 91196  
Albuquerque, NM 87199-1199

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR JOINING NM-MGMA!**