



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!