



MGMA-Northwest Missouri 2018 Membership Application

- Join and pay online at www.mgma-nwmo.wildapricot.org or via check (info below).
- Renewal of membership is on your anniversary date--no prorated dues. Receive automatic website annual renewal notices when your membership is due.
- Membership does not activate a membership in other MGMA affiliated chapters.
- There is no corporate membership, only individual membership.

Renewing Member New Member Student Referred by _____

Last Name _____ First Name _____ Initial _____

Title/Position _____ Degrees _____ ACPE _____

Practice/Business Name _____

Street Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone (____) _____ Website _____

Fax (____) _____ Cell (____) _____

Email _____

Required Signature Here:

I allow MGMA-NWMO to use my email, fax and phone to contact me (a legal requirement): _____

Your practice specialty(s)? _____

Number of providers in your practice? _____ Years' experience in the medical management field? _____

CHECK the appropriate boxes for organizations you are currently affiliated as an active member.

MGMA National MGMA-MO MGMA-KS MGMA-GKC ACPE AAPC Other _____

If you are interested in helping in an ad hoc committee or other initiatives in 2018, please check the following boxes with our Central Office.

Membership Drive Offer ideas for speakers Hospitality Door Prize Social Media Sponsor Social Event

Other _____

Category I	Manager Member Dues	\$ 150.00	\$ _____
Category 1	Managers Group Rate (5 or more)	\$ 100.00	\$ _____
Category II	Business Partner Dues	\$ 200.00	\$ _____
Category III	Direct Health Services Dues	\$ 200.00	\$ _____
Category IV	Affiliate Member	\$ 150.00	\$ _____
Category V	Life Member	\$ Comp	\$ _____
Category VI	Student Rate Annual Dues	\$ 75.00	\$ _____

Amount Enclosed \$ _____

Company Paid Personally Paid

If paying by check, mail signed application with check made payable to "MGMA-Northwest Missouri" to:

MGMA-NWMO Central Office
Membership Application
1105 NE Westwind Drive
Lee's Summit, MO 64086

CREDIT CARD: Fax to (816) 326-9132 (no cover) or mail to address at left.

MasterCard VISA CVV #: _____ (No Am.Exp)

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

Date

Signature of Applicant

Business Partners: One member per company. Acceptance of this application is subject to approval by the Board of Directors