



# Northland Medical Managers

## 2012 Membership Application

Dues for personal memberships (no corporate memberships) are due on your anniversary date and are not prorated. You will receive automatic notices when your membership is due to renew.

Being a member of NMM does not activate a membership in any other MGMA affiliated chapter.



Renewing Member     New Member    Referred by \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Title/Position \_\_\_\_\_ ACMPE/Degrees \_\_\_\_\_

Practice/Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Website \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Home \_\_\_\_\_

Email \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_

Mobile (\_\_\_\_) \_\_\_\_\_

Your specialty(s) of practice? \_\_\_\_\_

Number of providers associated with your practice? \_\_\_\_\_

Number of years' experience you have in the medical management field? \_\_\_\_\_

I allow NMM to use my email, fax and phone to contact me (a legal requirement): \_\_\_\_\_

Your Signature Here Required

CHECK the appropriate boxes next to the organizations you are currently affiliated with as an active member.

MGMA National     MGMA-Missouri     Kansas MGMA     GKCMMA     ACMPE     AAPC

Every committee of NMM is composed of 50 percent or more manager members. You have the opportunity to participate in an active way by joining a committee. Please check the committees you would be interested in serving on during the coming year.

Symposium     Hospitality     Membership     Programs

Category I	Manager Member Annual Dues	\$100.00	\$ _____
Category II	Business Partner Annual Dues	\$150.00	\$ _____
Category III	Direct Health Services Annual Dues	\$150.00	\$ _____
Category IV/V	Hospital Liaison / Life Member	Comp	\$ _____
Category VI	Student Rate Annual Dues	\$ 50.00	\$ _____
Renewals Only -	Late Fee (after January 1)	\$ 10.00	\$ _____

Total Amount Enclosed    \$ \_\_\_\_\_

Company Paid     Personally Paid

If paying by check, mail completed application with check made payable to "NMM" to:

NMM Central Office  
Membership Application  
P O Box 6966  
Lee's Summit, MO 64064-6966

CREDIT CARD: Fax to (816) 554-4780 (no cover) or mail to address at left.

MasterCard     VISA    CVV #: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

New Business Partner Members: Acceptance of this application is subject to approval by the Board of Directors