



MGMA-Northwest Missouri 2018 Membership Application

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

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 associated with 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-MiO MGMA-KS MGMA-GKC ACPE AAPC Other _____

Participate in an active way by sharing your interests in helping. Please check the following possibilities of sharing your knowledge and expertise with our Central Office during the coming year.

Membership Programs Hospitality Volunteer at monthly meetings Interest in Social Media / Social Events

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

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