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2018

Mid-South Medical Group
Management Association

Name _____ Title _____

Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Referred By: _____

*****MEMBERSHIP CATEGORIES*****

Active Member One actively engaged as an administrative head or full-time administrative staff member of one of the following types of organizations:

1. Medical group practice of physicians formally organized for the purpose of healthcare delivery.
2. Organizations that provide physician-directed healthcare services.

Affiliate Member One who provides products and/or services to the healthcare industry.

*****DUES INFORMATION*****

I am applying for (check one): ___ Active Membership \$350.00 annual dues

Includes membership in TNMGMA(After 2-28-17 \$400)

___ Affiliate Membership \$400.00 annual dues(After 2-28-17 \$450)

Dues are pro-rated in July for new members only. Call the Memphis Medical Society at (901) 761-0200 for current amount.

Membership is contingent upon approval of the MSMGMA Board of Directors.

Mail application along with your **business card** and **check made payable to MSMGMA** to:

MSMGMA Membership
c/o The Memphis Medical Society
1067 Cresthaven Road
Memphis, TN 38119