



2010 New Member Application

OKLAHOMA MEDICAL GROUP MANAGEMENT ASSOCIATION

Combined State and Local Membership Registration Form

Payment of dues entitles the member to state membership, membership to a local chapter of their choice, subscription to the OKMGMA newsletter, special member pricing to educational and networking programs, and access to member-only resources on the website, www.okmgma.com.

Membership will expire on December 31 unless renewed for the following year.

Note: An employer who pays the annual dues reserves the right to transfer the membership to another employee at any time throughout the calendar year.

MEMBER CONTACT INFORMATION				
Name:	ACMPE Status:	Suffix:		
Title/Position:			No. of Years at Position:	
Group/Organization Name:			New Member: Y N	
Mailing Address:		City, State, Zip		
Home Address:		City, State, Zip		
Work Phone: ()	Work Fax: ()	E-mail:		
Type of Group (Circle One): Single Specialty Multi-Specialty Vendor/Consultant				
If Single Specialty, Type:		How did you hear about us?		
# of FTE Physicians:		# of FTE Employees:		Gender: M F
I am interested in participating in the following OKMGMA committee(s): <input type="checkbox"/> Legislative <input type="checkbox"/> Membership <input type="checkbox"/> Program <input type="checkbox"/> Vendor				

MEMBERSHIP DUES

(CHECK THE RATE THAT APPLIES TO YOUR CHAPTER & MEMBER TYPE)

MEMBERSHIP RATES FOR PRACTICE MANAGERS (actively performs duties for a physician practice/medical group):

	Eastern/Tulsa	Oklahoma City	Southern/ Ardmore	Southwest/Duncan
Practice Manager 2010 Membership	<input type="checkbox"/> \$195.00 \$97.50	<input type="checkbox"/> \$125.00 \$62.50	<input type="checkbox"/> \$125.00 \$62.50	<input type="checkbox"/> \$125.00 \$62.50

MEMBERSHIP RATES FOR VENDORS (person whose organization is actively engaged in supporting medical groups and healthcare organizations perform their duties through the provision of support functions, services or supplies.):

Vendor 2010 Membership	<input type="checkbox"/> \$285.00 \$142.50	<input type="checkbox"/> \$250.00 \$125.00	<input type="checkbox"/> \$250.00 \$125.00	<input type="checkbox"/> \$250.00 \$125.00
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TO PREPAY FOR LOCAL CHAPTER LUNCHEON MEETINGS FOR 2010:**

**Pricing for chapter luncheon meetings is discounted if prepaid.	Monthly luncheon meetings held on 3 rd Wed of each month	Monthly luncheon meetings held on 2 nd Wed of each month	Monthly luncheon meetings held on 3 rd Wed of each month	Members will be notified of scheduled meetings
+Add the Following:	<input type="checkbox"/> N/A	<input type="checkbox"/> +\$125.00 \$50.00	<input type="checkbox"/> +\$60.00	N/A

TOTAL AMOUNT REMITTED:	\$ _____	<i>(PRO-RATE DUES BY 1/2 AFTER JULY 1)</i>
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MasterCard VISA AMEX DISCOVER CHECK

Cardholder Name: _____

Card #: _____ CID: _____ Exp. Date: _____

Billing Address: _____

Signature: _____

Please make checks payable to:

Please mail check and completed form to:

OKMGMA
2400 Ardmore Blvd. Suite 302 Pittsburgh, PA 15221
800-757-2919 Toll Free www.okmgma.com

Thank You!
Be sure to keep a copy
for your records.