



2010 Membership Renewal 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.

MEMBER CONTACT INFORMATION				
Name:	ACMPE Status:	Suffix:		
Title/Position:	No. of Years at Position:			
Group/Organization Name:				
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:				
# 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)				
<i>MEMBERSHIP RATES FOR PRACTICE MANAGERS (actively performs duties for a physician practice/medical group):</i>				
	Eastern/Tulsa	Oklahoma City	Southern/ Ardmore	Southwest/Duncan
Practice Manager 2010 Membership	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$125.00
<i>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.):</i>				
Vendor 2010 Membership	<input type="checkbox"/> \$285.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$250.00
<i>TO PREPAY FOR LOCAL CHAPTER LUNCHEON MEETINGS FOR 2010:**</i>				
<i>**Pricing for chapter luncheon meetings is discounted if prepaid.</i>	Monthly luncheon meetings held on 3rd Wed of each month	Monthly luncheon meetings held on 2nd Wed of each month	Monthly luncheon meetings held on 3rd Wed of each month	Members will be notified of scheduled meetings
+Add the Following:	<input type="checkbox"/> +\$220.00	<input type="checkbox"/> +\$125.00	<input type="checkbox"/> +\$60.00	N/A
TULSA CHAPTER EARLY BIRD DISCOUNT -\$25 IF PAID BY DEC 31				
TOTAL AMOUNT REMITTED:	\$ _____			

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
 1844 Ardmore Blvd.
 Pittsburgh, PA 15221
 800-757-2919 Toll Free
www.okmgma.com

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