



Membership Application / Invoice
Visit Us @ www.ecmgma.com

Applicant Name (Please Print) Title

Organization / Practice Name

Organization / Practice Mailing Address

City State Zip

Telephone Number (Include Extension) Fax Number E-mail Address

Number of Providers (Physicians, PA, NP) Specialty(ies)

MEMBERSHIP CATEGORY APPLIED FOR:

Active Member An Active Member shall be involved in the administration or management of medical practice or engaged in the practice of medicine as a legal entity. Annual Dues: \$25.00

Affiliate Member An Affiliate Member shall be an individual or company who supplies products and / or services to medical group practices. This category includes but is not limited to practice management firms, consultants and vendors of products targeted to the healthcare industry services. The dues cover up to three employees of a company. Annual Dues: \$350.00 (Includes the Sponsorship of One Meeting) (Note: A decided number of Affiliate Members are allowed at one time. Those interested in joining will be notified if placed on a waiting list.)

Physician Member A Physician Member must hold a Florida license. Annual Dues: \$25.00

Student/Faculty Member A Student / Faculty Member shall be any person pursuing a university degree or serving on a university faculty who is not eligible for other membership categories. Annual Dues: \$10.00

National MGMA Member Number

Signature

Date

E-mail Any Questions To: karensschell@aol.com

Please mail membership application / invoice and your check made payable to ECMGMA to: ECMGMA P.O. Box 9158 Pensacola, FL 32503

***Optional Member of the National MGMA: www.mgma.com

**Optional Member of Florida MGMA:

FMGMA

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Phone: (516) 452-6702

Fax: (205) 981-2901

E-Mail: flmgma@yahoo.com