

Kentucky Medical Group Management Association
P. O. Box 950247
Louisville, KY 40295-0247

INVOICE:
MEMBERSHIP DUES

Membership Type	Amount Due
Regular/Active <i>Regular/Active Membership shall be held by one who is a member in executive capacity of the administrative staff and who participates in the business affairs of a group practice or a solo practice and is otherwise eligible for membership in the national Medical Group Management Association.</i>	\$100
Business Partner <i>A Business Partner may be a person or an organization that does not qualify as a group practice provider. They shall be interested in marketing products and/or services to medical group practices.</i>	\$200
Student <i>A Student Member must be enrolled full-time in a Health Care related major.</i>	\$25
Multiple Member <i>Practices with multiple members can receive discounts on dues and conference registrations.</i>	*Contact KMGMA

*Your listing in KMGMA's printed and online directories will include the information you list below.
If you would NOT like your information to be included in the directory, please indicate by initialing here _____.*

Regular/Active
 Business Partner
 Student

Name: _____ Position/Title: _____
If student, name of educational institution & program _____

Company Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

of Facilities: _____ # of Drs: _____ Specialty: _____

Select all that apply:
 MGMA Member
 Local Chapter Member (list chapter) _____
 ACMPE Fellow
 ACMPE Certified Member
 ACMPE Nominee

Mail your completed form with payment to: **KMGMA, P.O. Box 950247, Louisville, KY 40295-0247**

Paying with Credit Card? Join or Renew Online at www.kmgma.com or fax completed form to **615.662.8864**

Card Type: _____ Visa _____ MasterCard _____ American Express

Cardholder Name: _____

Credit Card Billing Address (including zip code): _____

Card Number: _____

Exp. Date: _____ 3-digit Security Number (CVV): _____

QUESTIONS? Contact KMGMA at melissaowilson@comcast.net.