



Kentucky Medical Group Management Association  
 PO Box 950247  
 Louisville, KY 40295-0247  
 Email: [melissaowilson@comcast.net](mailto:melissaowilson@comcast.net)

## Business Partner Application

**Business Partner Membership \$200** You will receive 1 membership. A business partner may be a person or an organization that does not fall under Article III as a group practice provider. They shall be interested in carrying out the provisions of these bylaws and the delivery of health care to individuals. (Includes, but not limited to, payer vendor, health plan representative or consultant, etc.). **This membership DOES NOT entitle business partner to use of the KMGMA or MGMA logo on any printed, digital, or written communication.**

Name: _____		
Title: _____ Degree/Certifications: _____		
Organization: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Ext: _____	Fax: _____
Email: _____		
Would you be interested in serving on a committee? Yes _____ No _____		

**\*Please attach a separate sheet containing a description of your business' primary service or product (in 30 words or less, to be printed in membership directory).**

**Return your completed form with payment to:** Kentucky Medical Group Management Association  
 PO Box 950247  
 Louisville, KY 40295-0247

**Or fax completed form with credit card information to: 615-662-8864**

Credit Card Type (Circle One)    VISA    MasterCard  
 Card Holder Name \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Billing address: \_\_\_\_\_  
 Signature \_\_\_\_\_