



Affiliate Membership Application

MMGMA is the leading professional association comprised of several hundred health care managers. We extend the following benefits to our business partners via Affiliate* Membership:

- Access to online member directory
- Your name and contact information listed in online member directory
- Ability to add articles and events to MMGMA website free of charge
- Access to network news and information
- Ability to participate in MMGMA committees
- Member rate for conferences
- Member rate for website banner ads (50% discount)

**Any individual whose company offers services or products to the health care industry. All companies that wish to exhibit and/or sponsor with MMGMA are required to obtain a minimum of one Affiliate Membership. There is no maximum number per company.*

Member Information:

- I am applying for new membership.
- I wish to transfer membership from (insert name) _____ to me effective (insert date) _____.

First Name _____ Middle Name/Initial _____

Last Name _____

Business Information:

Company Name _____

Job Title _____

Address _____

City/State/Zip _____

Phone _____ Extension _____

E-mail _____

Website _____

Please select the type(s) of service your business provides. *You may choose more than one category; at least one category is required.*

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Ancillary Services | <input type="checkbox"/> Electronic Data Interchange | <input type="checkbox"/> Language Service Provider | <input type="checkbox"/> Office Supplies/Products |
| <input type="checkbox"/> Architectural/Planning | <input type="checkbox"/> Employment Recruitment/
Placement Services | <input type="checkbox"/> Leasing | <input type="checkbox"/> Office/Healthcare Furniture |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Periodicals/Publications |
| <input type="checkbox"/> Billing/Collections/Coding | <input type="checkbox"/> Information Services/
Software Insurance | <input type="checkbox"/> Logistic Services | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Construction Services | <input type="checkbox"/> Insurance | <input type="checkbox"/> Management Services | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Consulting Services | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Marketing | <input type="checkbox"/> Telecommunications/Security |
| <input type="checkbox"/> CPA/Accounting | | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Web Site Developers |
| <input type="checkbox"/> Education | | <input type="checkbox"/> Medical Transcription Services | |



Affiliate Membership Application (continued)

Other Opportunities with MMGMA:

Please check if your company is interested in pursuing any of the following opportunities:

- Annual Corporate Sponsorships:**
 - Platinum (\$6,000) Gold (\$3,000)
 - Silver (\$1,500) Bronze (\$750)
- Exhibition at Winter and/or Summer Conference**
- Golf Sponsorships**
(3 tournaments held annually)
- Other Sponsorship opportunities in conjunction with conferences**
(tote bags, meal, speaker, reception entertainment, etc).
- Banner Ads on MMGMA website

Membership Dues: \$350.00

Membership dues are non-refundable and are due annually on the anniversary date of acceptance. Dues quoted are subject to change.

Payment Options:

- Check enclosed (payable to MMGMA).
- VISA MasterCard American Express Discover

Card Number _____ Exp. Date _____

Name as it appears on credit card _____

Signature of cardholder _____

Acknowledgement:

I understand that member directory information accessible via the website must not be used for mass soliciting or promotional activities. Affiliate member conference attendees may use the conference attendee address list to send one follow up mailer per conference, which must comply with MMGMA list use approval and standards. The MMGMA list use approval and standards document is available upon request.

In consideration of MMGMA accepting this application, I attest that all information submitted in this application is complete and correct to the best of my knowledge. I waive and release all claims, demands and actions that I now or may in the future have against MMGMA, its officers, directors, members, agents and employees for any act or omission in granting or denying membership in MMGMA or in censoring, suspending, expelling or terminating my membership in MMGMA.

Signature _____ Date _____

When you join MMGMA, you become a member at the local level. Membership in the National MGMA has separate dues.

Minnesota Medical Group Management Association
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