# 2019 Member 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, special member pricing to educational and networking programs, exclusive access to our website which includes timely news updates, event calendar, membership directory for connecting with peers, volunteer opportunities for personal and professional growth, job board, forum for solution and knowledge sharing. Membership will expire on December 31, 2019 unless renewed for the following year.

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| --- | --- | --- | --- | --- | --- | --- |
| Member Contact Information | | | | | | |
| Name: | | | | ACMPE Status: | | Suffix: |
| Title/Position: | | | | | | No. of Years at Position: |
| Group/Organization Name: | | | | | | New Member: Y N |
| 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: | | | How did you hear about us? | | | |
| # of FTE Physicians: | | # of FTE Employees: | | | | Gender: M F |
| **How did you hear about OKMGMA?** | | | | | | |

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| **PRACTICE MANAGER MEMBERSHIP – only for those who actively performs duties for a physician practice/medical group.**  **VENDOR MEMBERSHIP – only for those whose organization is actively engaged in supporting medical groups and healthcare organizations perform their duties through the provision of support functions, services or supplies.**   * **If you wish to prepay for lunches with EOMGMA check here, a separate invoice will be sent to you via email.**   ***Note: An employer who pays the annual dues reserves the right to transfer the membership to another employee at any time.*** | | |
| **Member Type** | **Standard** |  |
| **Practice Manager** | * **$175.00** |  |
| **Vendor** | * **$285.00** |  |
| **TOTAL AMOUNT REMITTED:** | **$** |  |
|  | | |
| **PLEASE MAKE YOUR LOCAL CHAPTER SELECTION:** | | * **Eastern OK/Tulsa** * **OKC Area** |

**To Pay online visit:** [**https://okmgma.com/join-us/**](https://okmgma.com/join-us/)

**To Pay via check: OKMGMAQuestions? Contact us at:**

***Please mail check and completed form to:*** 5315 S Lewis Ave [info@okmgma.com](mailto:info@okmgma.com)

Tulsa, OK 74105 888-657-3636