

MIAMI VALLEY MEDICAL GROUP MANAGEMENT ASSOCIATION

P.O. Box 593
Dayton, OH 45409
www.mvmgma.com

2023 MEMBERSHIP CATEGORIES

- Active (\$100.00) _____ New _____ Renewal
(Medical Office Manager, Healthcare Consultants, Providers/Clinicians)
- Supporting (\$140.00) _____ New _____ Renewal
(Vendor—no voting rights)
- Associate (\$75.00) _____ New _____ Renewal
(2nd employee from same practice—no voting rights)
- Student (\$65.00) _____ New _____ Renewal

Dues include membership plus the cost of 5 meetings

Name: _____ Phone: _____

Title: _____ Group: _____

Address: _____ City/State/Zip: _____

Specialty: _____ Email: _____

Medical Practice Software: _____

Referred by: _____

Do you wish to receive your MVMGMA information via email? Yes No

Are you interested in serving on a MVMGMA Committee? Yes No

Circle areas of interest:

Audit Nominating Membership Program Salary Survey

Communications Special Projects Other

Are you a current member of (circle if yes): OMGMA MGMA

Briefly describe the following:

Your job responsibilities: _____

Who is your supervisor? _____

Which positions do you supervise? _____

Membership dues are for the calendar year, January 1st to December 31st

Please make checks payable to: MVMGMA

*Completed application and payment should be sent to:
MVMGMA Membership Director, P.O. Box 593, Dayton, OH 45409*