

MIAMI VALLEY MEDICAL GROUP MANAGEMENT ASSOCIATION

P.O. Box 593 Dayton, OH 45409

www.mvmgma.com

MEMBERSHIP CATEGORIES

Active (\$100.00) _____ New _____ Renewal

Supporting (\$140.00) _____ New _____ Renewal
*2 representatives may be listed. 1 may attend each meeting.

Associate (\$75.00) _____ New _____ Renewal

Student/Faculty (\$65.00) _____ New _____ Renewal

Dues include membership plus the cost of 4 meetings (\$20.00 discount)

Name: _____ Phone: _____

Title: _____ Group: _____

Address: _____ City/State/Zip: _____

Specialty: _____ Email: _____

Referred by: _____

Supporting: Please list 1 additional representative that may attend meetings.

Name: _____ Email: _____

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*