

RICHMOND MEDICAL GROUP MANAGERS ASSOCIATION

2017 Membership Application

Please check the appropriate line and send this application along with your membership fee to the address below. **Make check payable to "RMGMA."** For questions regarding RMGMA membership, you may contact Kate Gabriel at 804/643-6631 or rmgma@ramdocs.org

**RMGMA ~ 2821 Emerywood Parkway, Suite 200
Richmond, VA 23294**

_____ **ACTIVE:** Any individual employed in a management capacity by an entity providing healthcare services (including, but not limited to physician practices whether or not affiliated with an accredited graduate medical education or medical school program, federally qualified health centers or other community health centers providing physician or health care services, or ambulatory surgery centers, diagnostic imaging centers, home health agencies or similar providers). **ANNUAL DUES: \$25.00 (pay ½ after July 1)**

_____ **STUDENT AFFILIATE:** Any individual enrolled as a full-time student in a healthcare or business-related degree program at an accredited institution of higher learning (including, but not limited to, community colleges, technical colleges or universities or fellowship or post-graduate programs). A Student Affiliate Member shall not have the right to vote or to serve as a Director. **ANNUAL DUES: \$25.00 (pay ½ after July 1)**

_____ **LIFETIME MEMBER:** Any individual who has been an Active Member in previous years and has fully retired from the field of health care management. A Lifetime Member shall not have the right to vote or serve as a Director. **ANNUAL DUES: \$25.00 (pay ½ after July 1)**

_____ **AFFILIATE:** Any individual who is employed by, or an owner of, an entity providing products or services to health care providers (including, but not limited to, health care vendors or similar providers, insurers or physician network administrators). An affiliate member shall not have the right to vote or to serve as an elected director. **ANNUAL DUES: \$100.00 (pay ½ after July 1) *Call to see if membership is open.**

Name: _____ Nickname (for name badge): _____

Work Phone: _____ Fax: _____

E-mail: _____

Position/Job Title: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Preferred communication method for monthly meeting notices, etc: _____ **Email** _____ **Fax**

***How did you hear about RMGMA?** Colleague Co-worker Mailing VM conference
 From national MGMA Other: _____

I understand that by providing my mailing address, e-mail address, telephone number and fax number, I give my consent to receive communication sent by or on behalf of the RMGMA (and its subsidiaries and affiliates) via regular mail, e-mail, telephone number or fax number.

Signature: _____ Date: _____

► **Affiliate memberships are individual (not company) and are non-transferable** ◀