



## 2011 Application for Membership

Those members who have completed this application and paid the appropriate dues in full will be listed in the annual directory, receive notices of meetings, and be eligible to participate in other KAMGMA activities.

Your application and dues must be received no later than **February 15<sup>th</sup>** to be listed in the 2011 KAMGMA membership directory. All applications will be reviewed and candidates notified upon approval of membership.

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Fax \_\_\_\_\_

City/Zip \_\_\_\_\_

email \_\_\_\_\_

### Dues Enclosed (please check your status)

**Regular Member** is a manager of a practice of a Licensed Doctor of Medicine

( ) **Member - \$50.00**

**Associate Member** is a manager of a medically related practice but not a Licensed Doctor of Medicine, such as, but not limited to Dentists, Chiropractors, and Podiatrists.

( ) **Associate Member - \$50.00**

**Corporate Affiliate** is a vendor/supplier that has a business relationship with medically related business that deals with patient care.

( ) **Corporate Affiliate - \$125.00**

**Life Membership** is an active member that has disassociated themselves from a medical practice due to retirement or disability and was a listed as a regular member for at least 10 years.

( ) **Life Membership - \$50.00**

\$\_\_\_\_\_ **Total enclosed**

**Complete and return this page (or a copy of this page for multiple applicants) with payment to:  
KAMGMA Membership  
P.O. Box 10322  
Knoxville, TN 37939-0322**

For KAMGMA Use Only:

Ck No \_\_\_\_\_

Date \_\_\_\_\_

Deposit Date \_\_\_\_\_