

AKMGMA

Membership Application

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: ___ Zip: _____

Office Phone: _____

Fax: _____

E-mail: _____

COMPANY INFORMATION

_____ # Employees you supervise

_____ # of Offices

Type of Business: _____

FOR MEMBERS IN PRACTICES ONLY

_____ # Physicians

_____ # of Offices

_____ # Employees you supervise

Specialty: _____

New Member Renewing Member

Referred by: _____

Active Membership

\$110 for January - December 2010

Affiliate Membership

\$83 for January - December 2010

Allied Membership

\$49 for January - December 2010

Vendor Affiliate

\$153 for January - December 2010

Classifications

Active: Individuals who work for an organization of provider(s) engaged in the practice of medicine and meets at least one of the following criteria:

- An Administrator/Office Manager of the organization.
- A Manager/Supervisor of a department of the organization.

Affiliate:

- A provider engaged in the practice of medicine who spends the majority of their time providing care and not performing managerial tasks.
- A Manager/Supervisor in a healthcare organization which is not an organization of medical providers.

Allied: An individual who does not meet the requirements of Active or Affiliate membership but who meets the following criteria:

- A staff member of an active member.
- A student or faculty member.

Vendor Affiliate:

- Those individuals who are not directly involved with daily operations/management of a medical practice, but who provide products and/or services which promote the ideals and concepts of a medical practice.

Send your payment by check to:

AKMGMA
3705 Arctic Blvd. Box 109
Anchorage, AK 99503