

Membership Application

Carolina Regional Medical Group Managers

*Tell us about yourself.*

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Suffix (e.g. Jr.) Degree(s) Nickname

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Department

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-mail

( ) \_\_\_\_\_  
Business Phone Ext. Business Fax

( ) \_\_\_\_\_  
Home Phone Male Female Date of Birth / /

Are you a member of National MGMA? Yes \_\_\_ No \_\_\_  
Are you a member of NC MGM? Yes \_\_\_ No \_\_\_

Level of Membership applying for: Active \_\_\_\_\_ Affiliate \_\_\_\_\_

\_\_\_\_\_  
Referred by:

\_\_\_\_\_  
Referred by:

\_\_\_\_\_  
Signature

Approved Date: \_\_\_\_\_  
Membership Committee Approval:  
\_\_\_\_\_  
Signature Date  
\_\_\_\_\_  
Signature Date  
Date Dues Paid: \_\_\_\_\_  
Check# \_\_\_\_\_

## Welcome to the Carolina Regional Medical Group Managers!

This information is being provided to assist in answering any questions you may have regarding membership in our organization. Please feel free to contact any active member or officer if you have additional questions.

### Membership Criteria:

Guests may attend up to two meetings before applying for membership status.  
Membership is granted to individuals, not groups.

There are two membership classifications as indicated below:

- 1) Active Member:
  - a) Must be actively engaged in professional medical practice administration.
  - b) Must be sponsored by 2 active members and approved by the membership committee.
  - c) Must be a member in good standing by being current in membership dues and not absent from more than 3 meetings during the calendar year.
  - d) Is eligible to vote and hold office.
  - e) If an active member misses 3 meetings per calendar year he/she may be dropped to an Affiliate Member Status after review by the Executive Council.
  
- 2) Affiliate Member:
  - a) Must be a manager of a health care delivery organization not meeting the definition of a professional medical practice as previously specified. These applicants are entitled to membership as determined by the Executive Council.
  - b) Must be sponsored by 2 active members and be approved by the membership committee.
  - c) Must be a member in good standing by being current in membership dues and not absent from more than 3 meetings during the calendar year.
  - d) Is eligible to vote and hold office.

Annual dues for the calendar year are as follows:

Active Member:       \$25.00  
Affiliate Member:    \$50.00

Dues checks are to be made payable to: **Carolina Regional Medical Group Managers**