



Greater Kansas City MGMASM 2019 Member Application

Membership runs from your anniversary date and is renewed for the next twelve consecutive months. Paying online preferred at <https://gkcmgma.wildapricot.org>. If paying by check, print this form and send it with your check to the address below. If paying by credit card, email to info@gkcmgma.org or fax to 816-326-9132.

Renewing Member New Member Student Member Referred by _____

Last Name _____ First Name _____ Initial _____

Title/Position _____ ACMPE/Degrees _____

Practice/ Company _____

Street Address _____ Suite _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

Fax _____ Website _____

Mobile _____ Home _____

Number providers? _____ Year's Experience ____? Computer system used: _____

Your specialty/services? _____

Are you affiliated with a health system? No ____ If yes, please list _____

AFFILIATIONS: Check the appropriate boxes next to the organizations you are currently an active member.

MGMA National Missouri Kansas NWMO AAPC ACMPE Other _____

VOLUNTEERISM: Check your interested in serving the organization:

Marketing Programs Greeters/Registration at Meetings Social Media

POST PHOTO: Upload a digital jpeg color photo into your profile at www.gkcmgma.wildapricot.org

Your signature is required by law to email or fax you.

"I agree to allow Greater Kansas City MGMA to use my email address and phone/fax to contact me."

Signature: _____

Manager Membership Annual Dues	\$125.00	\$ _____	
Manager Member & 12 Meeting fees	\$425.00	\$ _____	(\$125 dues + \$300 (\$25 per mtg))
Business Partner / Insurance Payors	\$200.00	\$ _____	
Business Partner & 12 Meeting Fees	\$500.00	\$ _____	(\$200 dues + \$300 (\$25 per mtg))
Affiliate NFPs Only	\$125.00	\$ _____	
Student Dues (includes 2 mtg fees)	\$ 50.00	\$ _____	
			Total Amount Enclosed \$ _____

Company Paid Personally Paid

If paying by check, mail completed application with check made payable to "Greater Kansas City MGMA" and send to:

CREDIT CARD: Fax to 816-326-9132 (no cover) or mail to address at left.

MasterCard VISA Amer.Exp. Discover

CC Number: _____

Expiration Date: _____ CVV: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

Greater Kansas City MGMA

1105 NE Westwind Drive

Lee's Summit, MO 64086-6709

Date

Signature of Applicant