



BLUEGRASS

P.O. Box 23110
Lexington, KY 40523

Membership Application

Primary Medical Managers Dues are \$100. Business Associates (Defined as Members not associated with a Medical Practice) are \$200.00. Student Membership's are \$15.00

Name: _____

Title: _____ Degree/Certification: _____

Number of years in Medical Management: _____

Medical Group/Organization: _____

Practice Specialty: _____

Address: _____

City: _____ State : _____ Zip: _____

Phone: () _____ Is your practice hospital owned? _____

Email Address: _____

Email is the form of communication used by the BGMGMA. Email addresses will not be distributed to other organizations. Email addresses are solely for the purposes of communication with the BGMGMA Members.

Are you a New Member? _____ Referred by? _____

The BGMGMA is a non-profit organization that depends on member participation.

Would you be willing to serve on a BGMGMA Committee? _____

Please check out our website at BGMGMA.com for more information on the BGMGMA Organization and meeting dates.

Signature: _____ Date: _____

Please forward any Topics of Interest or questions to BGMGMA@gmail.com.