P.O. Box 23110

Lexington, KY 40523

**Membership Application**

 ***Please choose one of the following:***

* Medical Manager Membership: $100.00
* Business Associates (not associated with a Medical Practice) $200.00
* Student Membership: $15.00

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years in Medical Management: \_\_\_\_\_\_

Medical Group/Organization: \_\_\_\_\_\_\_\_\_

Practice Specialty: \_\_\_\_\_\_\_\_\_\_\_\_ Private Practice: \_\_\_\_ Hospital Owned: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_

City: State: \_\_\_ Zip: \_\_\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email is the preferred form of communication used by BGMGMA.
Email addresses will not be distributed to other organizations or members without authorization.

Are you a New Member? \_\_\_\_\_\_ Referred by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to receive information about serving on BGMGMA’s Board or Committee(s)?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

For more information about BGMGMA please our website: www.bgmgma.com