

Total number of practicing clinicians in your facility:

Full Time Part Time

- _____ # of Physicians
- _____ # of Physicians Assistants
- _____ # of Nurse Practitioners
- _____ # of Nurse-Midwives
- _____ # of Physical Therapists
- _____ # of Audiologists
- _____ # of Other _____

Please list the ancillary services provided by your facility:

- Lab Ultrasound Nuclear Testing
- X-ray Ambulatory Surgery
- Physical Rehabilitation
- Nutrition / Wellness Programs
- Other _____

Northeast Florida MGMA Member Responsibilities:

- Reach out and network with fellow members
- Support Association by attending luncheon and meetings
- RSVP by required deadlines
- Recruit new members
- Pay dues in timely manner (due annually January 1st)



Please list any topics you would like to have a guest speaker present:

Are there any MGMA benefits you would like to learn more about?

Please provide contact name and number for anyone who may benefit from becoming a MGMA member:



Affiliate Member Information

Please describe in detail the services your company provides and what percentage of your business is devoted to working with medical practices.

Signature: _____

Date: _____



Your Invitation to
Membership

Membership Application

Turn To Us. A Resource Like No Other.

Empower yourself with the knowledge and skills to improve your personal and professional effectiveness. If you are looking for unprecedented networking combined with powerful resources all in one place, the Northeast Florida Medical Group Management Association (NFMGMA) is your best resource.

Backed by the 75-year legacy of the Nation's leading organization representing medical group practices, NFMGMA membership provides you with the practical know-how, vital interaction with colleagues and confidence in the value of your professional role. Connecting with us can help your practice make money, save money and run more efficiently.

Leadership At Its Best.

Those who are leaders in our profession, or who aspire to lead, should join the NFMGMA. You'll network with top medical practice management executives who share your professional and personal goals, as well as the day-to-day challenges. It's an investment in your career, your practice and your community to attain the highest distinction in your profession.

Learn More.

For more information on NFMGMA, come to one of our monthly lunch meetings held at the San Jose Country Club. These meetings are held the 3rd Thursday of every month. We look forward to seeing you there.

Networking • Information • Resources
Education • Advocacy • Certification

www.nfmigma.com



Northeast Florida Medical Group Management Association: A Local Affiliate

_____ I am currently a member of MGMA NFMGMA
Applicant Name _____

Title _____ Practice / Organization Name _____

If affiliated with another organization through ownership or legal affiliation, please indicate name of organization _____

Mailing Address _____

City _____ State _____ Zip _____

(____) _____ (____) _____
Phone _____ Fax _____ E-mail Address _____

How did you learn about NFMGMA? _____ NFMGMA referring member name or organization _____

NFMGMA Membership Categories

Physician - A physician must hold an active Florida license. Annual dues \$25.00

Active - An active member shall be involved in the administration or management of a medical practice engaged in the practice of Medicine as a legal entity. Annual dues \$50.00

Student - A student is categorized by pursuing health studies on a full time basis. Annual dues \$5.00

Affiliate - An affiliate member is an individual or company who supplies products and/or services to medical group practices. This category includes but is not limited to practice management firms, consultants and vendors of products targeted to the healthcare industry. (Only 1 person per company will be permitted to attend each meeting.) Annual dues \$300.00

Life - Life membership will be awarded by the Board of Directors as recognized by MGMA. No membership fees will be associated with this honorary membership category. Life members will be entitled to vote. Annual dues - none

Practice Information

_____ City _____ State _____ Zip _____
Satellite Location Address _____

_____ City _____ State _____ Zip _____
Satellite Location Address _____

*All applications subject to approval by NFMGMA Board.

*Northeast Florida MGMA collects dues on a calendar year and does not prorate dues.

*Please attach check made payable to: NFMGMA.