



# INDIVIDUAL/STUDENT MEMBERSHIP APPLICATION

*Please select membership type.*

**INDIVIDUAL MEMBERSHIP = \$100**

Individual members perform managerial or operational tasks involving multiple areas in a medical group practice, provides patient care, performs significant managerial or administrative tasks in a medical group practice, or serves as a faculty member involved in health care management.

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**NATIONAL MGMA MEMBERSHIP NUMBER (IF APPLICABLE):** \_\_\_\_\_

**STUDENT MEMBER = \$35**

Student members must be a full-time student in a Bachelor's or Master's Degree program in healthcare management, business, or related field.

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

**PAYMENT METHOD – Please select one:**

**CHECK** (MAKE PAYABLE TO NDMGMA)

**CREDIT CARD**     VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

TOTAL PAYMENT AMOUNT: \$ \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_    CVS# (3 or 4 digit code): \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDERS SIGNATURE: \_\_\_\_\_

**Credit card payments are also accepted online via our website: [www.ndmgma.com](http://www.ndmgma.com)**

**Please remit payment and completed form to: NDMGMA PO BOX 3259, MINOT, ND 58702**