



HEALTHCARE SYSTEM MEMBERSHIP APPLICATION

Please select membership type.

HEALTHCARE SYSTEM MEMBERSHIP LEVEL 1 = \$1,500

Employees are eligible for a healthcare system membership through a healthcare system employer that pays dues for a health care system membership. Up to 20 employees may be designated as members under the Level 1 Healthcare System Membership.

HEALTHCARE SYSTEM MEMBERSHIP LEVEL 2 = \$2,250

Employees are eligible for a healthcare system membership through a healthcare system employer that pays dues for a health care system membership. 21 to 30 employees may be designated as members under the Level 2 Healthcare System Membership.

MAIN CONTACT FOR HEALTHCARE SYSTEM MEMBERSHIP: _____

TITLE OF MAIN CONTACT: _____

NAME OF ORGANIZATION: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL ADDRESS: _____ **PHONE NUMBER:** _____

NATIONAL MGMA MEMBERSHIP NUMBER (IF APPLICABLE): _____

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#: _____

CARDHOLDER'S BILLING ADDRESS: _____

CARDHOLDER'S NAME: _____

CARDHOLDERS SIGNATURE: _____

Credit card payments are also accepted online via our website: www.ndmgma.com

Please remit payment and completed form to:

NDMGMA

PO BOX 3259, MINOT, ND 58702

Please list employees to be designated as NDMGMA members through your Healthcare System Membership. If you are paying your membership online, this form should be completed and returned to NDMGMA via email: ngmgma@gmail.com or by mail to PO BOX 3259, Minot, ND 58702.

LEVEL 1 HEALTHCARE SYSTEM MEMBERSHIP (Up to 20 employees)

- | | |
|--------------------------|----------------------|
| 1. Employee Name: _____ | Email Address: _____ |
| 2. Employee Name: _____ | Email Address: _____ |
| 3. Employee Name: _____ | Email Address: _____ |
| 4. Employee Name: _____ | Email Address: _____ |
| 5. Employee Name: _____ | Email Address: _____ |
| 6. Employee Name: _____ | Email Address: _____ |
| 7. Employee Name: _____ | Email Address: _____ |
| 8. Employee Name: _____ | Email Address: _____ |
| 9. Employee Name: _____ | Email Address: _____ |
| 10. Employee Name: _____ | Email Address: _____ |
| 11. Employee Name: _____ | Email Address: _____ |
| 12. Employee Name: _____ | Email Address: _____ |
| 13. Employee Name: _____ | Email Address: _____ |
| 14. Employee Name: _____ | Email Address: _____ |
| 15. Employee Name: _____ | Email Address: _____ |
| 16. Employee Name: _____ | Email Address: _____ |
| 17. Employee Name: _____ | Email Address: _____ |
| 18. Employee Name: _____ | Email Address: _____ |
| 19. Employee Name: _____ | Email Address: _____ |
| 20. Employee Name: _____ | Email Address: _____ |

LEVEL 2 HEALTHCARE SYSTEM MEMBERSHIP (21-30 employees)

- | | |
|--------------------------|----------------------|
| 21. Employee Name: _____ | Email Address: _____ |
| 22. Employee Name: _____ | Email Address: _____ |
| 23. Employee Name: _____ | Email Address: _____ |
| 24. Employee Name: _____ | Email Address: _____ |
| 25. Employee Name: _____ | Email Address: _____ |
| 26. Employee Name: _____ | Email Address: _____ |
| 27. Employee Name: _____ | Email Address: _____ |
| 28. Employee Name: _____ | Email Address: _____ |
| 29. Employee Name: _____ | Email Address: _____ |
| 30. Employee Name: _____ | Email Address: _____ |