

South Carolina Medical Group Management Association



2011 – 2012 Membership Dues Invoice

Return this form with your 2011-2012 dues payment in the appropriate amount made payable to the SCMGMA to:

Cindy Ott, Executive Director, SC MGMA, P.O. Box 11188, Columbia, SC 29211

Update your profile information here, or online at www.scmgma.com

NAME _____
PRACTICE _____
ADDRESS _____
CITY STATE ZIP _____
PHONE: _____
FAX: _____
EMAIL: _____

Please Indicate your Membership Level. All memberships run for one year from anniversary date.

Active Member: \$125. (Please indicate chapter membership preference below.) Active membership shall be limited to those individuals who are employed in a medical practice or hospital and who work in a management/supervisory capacity. Specifically, the active member may manage a function and not necessarily people, determined by the job description of the organization. Please indicate your chapter choice below.

Member-at-Large: \$125. (Use this category if you are not able to belong to a chapter) Limited to those members who are employed in a medical practice or hospital and who work in a management/supervisory capacity. Specifically, the member-at-large may manage a function and not necessarily people, determined by the job description of the organization. Members-at-large are those individuals who qualify for active membership and who are not members of a local chapter.

Affiliate: \$300. (Please indicate chapter membership preference below.) Affiliate membership shall be those individuals who provide products or services to health care organizations, and who have not joined as a corporate member.

Student Member: \$50. (Please indicate chapter membership preference below.) Student membership shall be limited to students currently enrolled in a healthcare program of study at a recognized college or university who are interested in the mission/purpose of the SCMGMA and who do not qualify for active membership.

Please indicate your chapter preference:

SCMGMA CHAPTERS: Aiken Anderson Beaufort/Jasper Charleston Coastal
 Columbia Florence Greenville Lexington Oconee
 Orangeburg Pickens Sumter/Clarendon/Lee Spartanburg
 York/Lancaster/Chester Member-at-Large (no chapter selection)

PAYMENT INFORMATION:

My check payable to SCMGMA is enclosed
 Please charge my credit card: ___ Visa ___ MasterCard ___ American Express ___ Discover
Credit Card Number: _____ Expiration _____ Security Code: _____
Name as it Appears on Card: _____

Or you may join or renew online at www.scmgma.com