



2010 Application for Membership

Those members and associate members who have completed this application and paid the appropriate dues in full will be listed in the annual directory, receive notices of meetings, and be eligible to participate in other KAMGMA activities.

Your application and dues must be received no later than **February 15th** to be listed in the 2010 KAMGMA membership directory.

Name _____	Organization _____
Address _____	Telephone _____
_____	Fax _____
City/Zip _____	email _____

Dues Enclosed (please check your status)

Member is any manager of a practice.

() **Member - \$50.00**

Associate Member is any management company, consulting firm, vender, etc. who does not work directly for a physician's practice.

() **Associate Member - \$125.00**

\$_____ **Total enclosed**

Complete and return this page (or a copy of this page for multiple applicants) with payment to:

**KAMGMA Membership
P.O. Box 10322
Knoxville TN 37939-0322.**

For KAMGMA use only

Ck No _____

Date _____

Deposit Date _____