

Colorado MGMA Corporate Affiliate Membership Application

For Office Use Only

Date Rec'd _____ Reg # _____

Amt Pd \$ _____ Ck CC

Date Payment Processed _____

Transaction # _____

Please check one.

Renewal New

Category and Amount Due

- Please check appropriate category below.
- Make a copy of this form to serve as your invoice.
- A receipt confirming payment will be sent once your membership is processed.
- Payment must be included in order to process your renewal or new application.

- Gold Corporate Affiliate – \$1000
 Exhibitor Corporate Affiliate – \$250
 Sponsor Corporate Affiliate – \$150



Contact First Name _____ Contact Last Name _____ Position Title _____

Organization _____
Do not abbreviate—please provide complete formal name of your organization

Mailing Address _____

City _____ State _____ Zip _____

(_____) _____ (_____) _____

Phone _____ Fax _____ E-mail _____

Web Address _____ # of Times Exhibited at CMGMA _____

% of Business from Medical Offices _____ # Years as CMGMA Member _____

Category: Accounting Banking Billing/Collections Computer Hardware
 Computer Software Consulting Information Technology Insurance Legal
 Printing Other _____

*If you are seeking a new **Corporate Affiliate** membership, please submit **two** reference forms completed by CMGMA members who use your services and/or products. These will be submitted to the CMGMA Board. A limited number of Corporate Affiliates will be accepted.*

Payment

Amount enclosed \$ _____ Method of Payment MasterCard
 Visa
 Check

Credit Card or Check # & Security Code _____

Expiration Date _____

Print Name on Card/Check _____

Signature _____

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