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.*
- *Listing in the Membership Directory requires receipt of application and payment of dues by January 31.*

☐ 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 _____ Zip _____

Phone (_____)_____ Fax (_____)_____ E-mail _____

Web Address _____ # of Times Exhibited at CMGMA _____

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

If you are seeking **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 Gold Corporate Affiliates will be accepted.*

Payment

Amount enclosed $_____

Method of Payment ☐ MasterCard ☐ Visa ☐ Check ☐ CC# & Security Code _____ Expiration Date _____

Print Name on Card/Check _____

Signature _____

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