

# Corporate Affiliate Reference Form

- Please complete and return to Colorado MGMA Office by fax or mail.
- Please use additional paper if necessary.
- Please sign and date.



Applicant First Name \_\_\_\_\_ Applicant Last Name \_\_\_\_\_

Organization \_\_\_\_\_  
*Organization applying for Corporate Affiliate membership*

Reference First Name \_\_\_\_\_ Reference Last Name \_\_\_\_\_ Position Title \_\_\_\_\_

Organization \_\_\_\_\_  
*Do not abbreviate—please provide complete formal name of your organization*

(\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Length of relationship with applicant \_\_\_\_\_

Services and/or products used from the applicant: \_\_\_\_\_

Items purchased from applicant: \_\_\_\_\_

Quality of customer service: Poor 1 2 3 4 5 Excellent Comments: \_\_\_\_\_

***Please sign and date this form. Return to CMGMA Office by fax or mail. Thank you!***

Signature \_\_\_\_\_

Date \_\_\_\_\_

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