

Western North Carolina Medical Managers Association
Application For Membership or Renewal
October 1, 2007 through September 30, 2008

Applicant's Name _____ Applicant's Title _____

Applying as (select one):

- Active Member Active member status is defined as a person in an administrative position for a licensed Doctor of Medicine engaged in the practice of medicine. An active member is able to attend all business meetings, participate in votes, and is eligible to hold office. Membership fee is **\$25 per year.**
- Allied Member Allied members are defined as persons in administrative positions for other health care practices. An allied member is able to attend business meetings, but is not allowed to vote or hold office. Membership fee is **\$100 per year.**

Practice Name _____

Address _____

City, State, & Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Specialty _____ # of Physicians (FTE) _____ # of Employees (FTE) _____

Practice Management Software System _____

Claims Clearing House _____ Electronic Medical Records System _____

Are you a member of MGMA: Yes No Are you a member of NC MGM: Yes No

What is your current status with the American College of Medical Practice Executives:

- Nominee Certified Fellow Not A Member

Make checks payable to: WNCMMA Amount Enclosed: \$ _____

Mail payments to: Jackson Norton, Administrator
Parkway Family Practice
333 Gashes Creek Rd
Asheville, NC 28803

Please list topics you would like to see included in our programs: _____

