



Wisconsin Medical Group Management Association
AFFILIATE MEMBERSHIP APPLICATION

Company: \_\_\_\_\_ Email: \_\_\_\_\_
Rep Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Fax: \_\_\_\_\_
City, State, ZIP \_\_\_\_\_ Web Site: \_\_\_\_\_
Rep 2 Name: \_\_\_\_\_ Rep 3 Name: \_\_\_\_\_
Rep 2 Email: \_\_\_\_\_ Rep 3 Email: \_\_\_\_\_

Please provide the following information which will be posted on the Affiliates and Partner page of the web site:

Type of Business:

- Accounting, AR Management/Collections, EHR, Healthcare Consulting, Marketing/Advertising, Medical Billing, Medical Professional Liability Insurance, Other Insurance, Planning/Design/Build, Practice Management Software, Recruiting/Executive Search Firms, Technology Solutions, Other Healthcare Related Services

Brief Description of Business:

[Empty box for Brief Description of Business]

Affiliate Membership - \$375

Affiliate membership status is appropriate for individuals and entities whose primary purpose is to provide services or products to group practice operations.

Total Enclosed: \$ \_\_\_\_\_

Payment Method:

Check # \_\_\_\_\_

Credit Card ( Visa / MasterCard / Discover / AMEX )

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security (CVV) Code \_\_\_\_\_

Name of Cardholder \_\_\_\_\_ Billing Address: \_\_\_\_\_

Signature \_\_\_\_\_

Return this form with payment to:
WMGMA • 9466 Deer Valley Dr • Cedar Rapids, IA 52411
319-560-0435 • Fax: 319-774-5661
wmgma@wmgma.org • www.wmgma.org