Practice Manager, Student & Faculty Membership Application



Name					
Title /	Year in Sc	hool			
Praction	ce / Compa	any / Col	llege or Uni	versity	
Addre	SS				
City		Sta	te	Zip Code	
Phone				Ext.	
Email					
Referr	ed by				
Pa	ayment Ir	nforma	tion:		
	☐ Check Enclosed				
	☐ Credit Card (Circle One)				
Ма	sterCard	Visa	Discover	Amex	
Name	on Card				
Card N	Number				
Expiration Date			Billin	Billing Zip Code	
Amou	nt to Charg	je			
Signat	ture				

Please Select One:

□ Practice Manager - \$100

An individual who works for a medical practice, healthcare system, or who has an interest in physician practice management, and who does not provide a purchased service to medical groups.

Group Practice Memberships:

For those joining with 6 or more memberships per organization, please contact the office to sign up.

1 - 5 Practice Manager Members: \$100
6 - 10 Practice Manager Members: \$80
11 - 19 Practice Manager Members: \$75
20 - 49 Practice Manager Members: \$65
50 - 99 Practice Manager Members: \$50
100 + Practice Manager Members: \$40

☐ Student - \$25

An individual who is presently enrolled in an accredited college or university for the purpose of pursuing a degree of Medicine, Osteopathic Medicine or Health Care Administration and is not otherwise qualified for any other membership category. You must be a full-time student as defined by the guidelines of your college or university. Members of this category are not entitled to voting privileges.

□ Faculty - \$25

An individual who is a full-time faculty member teaching business or healthcare administration at an accredited college or university and is not otherwise qualified for any other membership category.

Individuals or organizations that provide purchased services and/or products to the health care industry should complete a Business Partner application.

Greater St. Louis MGMA

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