



Huntsville MGMA CHAPTER ONLY
October 1, 2019- September 30, 2020

REGULAR Membership Form
No substitutions at meetings
Memberships are not transferable

Membership Status: [] NEW \$150.00 [] RENEWING \$150.00

Date: _____

Name: _____
Last (PRINT LEGIBLY) First

Company: _____ Practice Specialty _____

Address: _____

Office Phone: _____ Cell: _____

Job Title: _____

Email Address: _____

I understand by providing my email information, Huntsville MGMA has my permission to use my email to contact me and share my email and contact information with all members and attendees of the Huntsville MGMA events.

Sign _____ Date _____

I understand photos taken at the MGMA Huntsville events including monthly meetings and seminars may be used for promotional or for communication purposes. Huntsville MGMA has my permission to use any photos taken at these events for the purposes previously stated.

Sign _____ Date _____

Please mail this form with payment to: Huntsville MGMA, P. O. Box 254, Huntsville, AL 35804

Visa/ Mastercard/Amex/Discover Card # _____ Exp date _____
Name on card _____ Security Code _____

Payment Received: _____ Check#: _____ Amount Rcvd _____