

California Medical Group Management Association Member Application It is also possible to complete this online at www.camgma.com Fields with an * are required

Name	<u></u> Title_					
*Company or Medical Group Name						
*Address						
*City, State, Zip						
Work Phone	Work Fax	<u></u> Wor	k Email			
Home Address	Home Telephone					
Alternate Email						
City, State, Zip			County	/		
WebSite Address:						
No. of Providers (MD, DO, OD)	No. of Other Providers	: (PA NP)				
*Organization type (check all that apply):	No. of Other Frontiers	, (1 / 1, 1 1 11)				
	□ IDA/Madical Croup		☐ Consultant			
☐ Multispecialty ☐ Single Specialty	☐ IPA/Medical Group☐ MSO		☐ Vendor			
☐ Hospital Based	☐ Accountant					
Are you a member of the American College of Me		ACMPE2)	□ Yes	□ No	=	
If "Yes", what is your present status?	·	•		L 140		
which you would like to see offered? To better serve our members, we offer a combine reverse for category descriptions. Business partn Active & Regional Membership (See Page 2 for \$150 Active Member Combined California \$50 Additional Region Membership other the \$50 Student Membership (Please designate)	d membership. Join both the remembership and sponsor category descriptions) & Region (Please designation Home (Please designation)	he state and your ship options a te home region	our region (spec are listed at the below)			
Associate & Regional Membership (See Page 2	2 for category descriptions)					
\$250 Associate Member Combined Califo		-	-			
\$100 Additional Region Membership other	than Home (Please design	ate additional r	egion below)			
Central Coast (San Luis Obisbo, Santa Ba Central Valley (Calaveras, Kern, Merced, S Far Northern (Butte, Del Norte, Glenn, Hui Inland Empire (Imperial, San Bernardino, I Los Angeles (Los Angeles, Ventura Count Mid-State (Fresno, Kern, Kings, Madera, N No. California (Santa Cruz, Monterey, San Benito, Mendocino, Lake Sonoma Countie Orange County (Orange County)	Stanislaus, San Joaquin, Tumbolt, Lassen, Modoc, Plur Riverside Counties) ies) Mariposa, Tulare Counties) Ita Clara, San Mateo, San F	mas, Shasta, S	ierra, Siskiyou,			
Sacramento (El Dorado, Nevada, Placer, S	Sacramento, Sutter, Solano	o, Yolo, Yuba)				
Sacramento (El Borado, Nevada, Fracer, V	casiamomo, outloi, obiano	, 1010, 100a)				
If referred by CAMGMA member, please list mem	ber name					

Active Member

An Active Member is currently employed in an executive, managerial or administrative capacity of a medical group engaged in the practice of medicine as a legal entity sharing business management facilities, records and personnel and/or serves in an executive, managerial or administrative capacity of an integrated delivery organization that includes, as part of its primary mission, the provision of physician services and administration of physician practices.

An Active Member is entitled to all Association membership services, including the right to vote on all matters and, if the criteria as stated in Article V of the bylaws is met, to serve as an officer of the Association.

Associate Member

An Associate Member is any person conducting a business consulting service whose principal practice is directed toward assisting and advising physicians on medical practice management issues, and therefore, does not qualify for Active membership. Associate membership may be granted to persons interested in supporting this Association, its goals and activities and who are not members of any organization whose interests are in conflict with the purpose of this Association

An Associate Member will be a nonvoting member of the Association and cannot hold office, but may serve on committees at the discretion of the Board of Directors.

Honorary Member - Complimentary

Honorary membership may be conferred upon an active member who has disassociated from medical group administration. Honorary membership shall be conferred only if, in the judgment of the Board of Directors, such member has rendered outstanding service to this organization or to the profession of medical group administration.

Life Member

A Life Member is a CAMGMA member who permanently retires from group practice administration. The member must have been an Active Member for at least fifteen (15) years to qualify.

Enclosed is my payment for \$_				
<u>Check</u>	Credit Card			
Check #	Card Type: MC	Visa	AmEx	
*Card #			*Exp	
*Name on Card			<u>_</u>	
	(Please Print)			
*CVV#	(3-digit number on back	c of Visa, Maste	rCard; 4 digit number on front of A	.mEx)
*Cardholder Address				
*City, State, Zip				
*Signature of Cardholder				

Please mail or email to:

California Medical Group Management Association
PO Box 3403, Hamilton, NJ, 08619
staff@camgma.com

It is also possible to join online at www.camgma.com

Questions regarding membership may be directed to: CAMGMA 833-252-0300 staff@camgma.com