# Guilford Medical & Dental Managers
## 2017 APPLICATION FOR ACTIVE MEMBERSHIP

**NAME**_____**POSITION**_____

**EMPLOYER**_____

**ADDRESS**_____

**CITY, STATE, ZIP** _____

**PHONE**_____ **FAX**_____

**EMAIL**_____

**SENIOR PHYSICIAN/DENTIST OR SENIOR ADMINISTRATOR TITLE:** _____

_____ _____

***Signature*** ***Name, printed***

DUES PAYMENT: The Membership fee includes your annual dues and the monthly meeting & lunch fee.

_____ Annual Active Membership $240.00 (Provides Patient Care)

**NOTE: Dues are required immediately upon acceptance as an active member**

Please make your check payable to: Guilford Medical & Dental Managers (GMDM)

Please mail your check to: Guilford Medical & Dental Managers
P.O. Box 10735, Greensboro, NC 27404-0735

**Please write the member's name(s) on the check.**

## ***Please Sign Up for a Committee ***

**Committee descriptions are on our website. If you volunteer to serve, the chair of the committee will contact you.**

Membership Outreach _____ Collaborative Events _____ Education _____ Golf _____ Social Media _____

Scholarships _____ Community Service _____ Bosses Recognition _____ Communications _____

**Questions? Contact GMDM President, Nedra Baldwin at nedra.baldwin@pacetriad.org**

_____For Administrative use_____

Payment date _____
Check # _____
Payment amount _____
New: receipt e-mail sent: _____

New: Board decision: _____
E-mail sent _____
Website updated: _____
Nametag requested _____

Notes: _____
_____
_____
_____