

Guilford Medical & Dental Managers 2018 MEMBERSHIP APPLICATION

NAME: _____ POSITION: _____

EMPLOYER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

DUES PAYMENT: The membership fee includes your annual dues and the monthly meeting and lunch fees.

- | | |
|---|----------|
| <input type="checkbox"/> Annual Active Membership – Provides Patient Care | \$240.00 |
| <input type="checkbox"/> Annual Associate Membership – Provides Services | \$350.00 |

NOTE: Dues are required by February 1, 2018

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

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

The website is updated using this invoice, so please mail/return a completed copy each year. If a check is sent separately, please write the members name(s) on the check.

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

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

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Membership Outreach | <input type="checkbox"/> Collaborative Events | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Social Media | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> Bosses Night | <input type="checkbox"/> Communication | | |

Questions? Contact GMDM President, Nicole Reynolds at nreynolds@well-spring.org

For Internal Use Only

Payment date: _____ New-Board Decision: _____ Check #: _____

Email sent: _____ Payment amount: _____ Website Updated: _____

New – receipt sent: _____ Name tag ordered: _____