

Guilford Medical & Dental Managers 2020 MEMBERSHIP APPLICATION

BUSINESS NAME: _____

MEMBER NAME: _____ POSITION: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT GMDM: _____

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

☐ Annual Active Membership – Provides Patient Care \$240.00

☐ Annual Associate Membership – Provides Services \$350.00

NOTE: Dues are required by February 1, 2020

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.

☐ Membership Outreach ☐ Collaborative Events ☐ Education

☐ Golf ☐ Social Media ☐ Scholarships ☐ Community Service

☐ Bosses Night ☐ Communication

Questions? Contact GMDM President, Pamela Olson at polson@pennybyrn.org

For Internal Use Only

Payment date: _____

New-Board Decision: _____

Check #: _____

Email sent: _____

Payment amount: _____

Website Updated: _____

New – receipt sent: _____

Name tag ordered: _____

Guilford Medical & Dental Managers

PERMISSION TO PHOTOGRAPH

Guilford Medical and Dental Managers (GMDM) and/or its designee is hereby authorized to record audio and take photographs (pictures or video) of _____ for the purpose of:

- Publicity, including traditional and social media
- Promoting GMDM through marketing such as ads, billboards, and social media
- GMDM publications, printed and electronic, including social media
- Educational or fundraising purposes
- Other: _____

I understand all disclosed information – including images and voice (as outlined above) or personal testimony obtained the date of release – remains the property of GMDM and the authorized media organizations.

I understand that this authorization is valid for 10 years unless a date is otherwise stated. I understand that I may revoke this authorization at any time, if I do so by writing to the GMDM President, PO Box 10735, Greensboro NC 27401.

Information and images that have entered the public domain because of GMDM's release under this authorization will remain in the public domain, and their use by others cannot be limited by the subsequent revocation of this authorization.

I have the right to receive a copy of this authorization.

I realize that I will not be compensated in any way by signing this authorization.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my GMDM membership benefits.

Member Signature

Member Name (Printed)

Signature of Witness

Date