

**Guilford Medical & Dental Managers  
APPLICATION FOR ASSOCIATE MEMBERSHIP**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE ATTACH RECOMMENDATIONS FROM 3 CURRENT GMDM ACTIVE MEMBERS. LIST THEIR NAMES

HERE: \_\_\_\_\_

WHAT BENEFITS DO YOU FEEL YOU WILL RECEIVE FROM MEMBERSHIP IN GMDM? \_\_\_\_\_

WHAT BENEFITS ARE YOU ABLE TO OFFER GMDM? \_\_\_\_\_

**Associate membership: \$350 per year**

Do not pay now. All applications must be approved by the GMDM Board; limited spaces available.  
Please return your completed application to us at [gmdmboard@gmail.com](mailto:gmdmboard@gmail.com).

**\*\*\* All Associate Members Must Sign Up for a Committee \*\*\***

Committee descriptions are listed under "About Us" on our website at [www.gmdm.org](http://www.gmdm.org).

Membership Outreach \_\_\_\_\_ Collaborative Events \_\_\_\_\_ Education \_\_\_\_\_ Golf \_\_\_\_\_ Social Media \_\_\_\_\_

Scholarships \_\_\_\_\_ Community Service \_\_\_\_\_ Bosses Recognition \_\_\_\_\_ Communications \_\_\_\_\_