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

NAME		POS	SITION	
EMPLOYER				·
ADDRESS				
CITY, STATE, ZIP				
PHONE				
EMAIL				
SENIOR PHYSICIAN/DENTI				
Signature		Name, printed		
DUES PAYMENT: The Me	mbership fee inclu	des your annual due	es and the monthly	meeting & lunch fee.
Annual Active	Membership	\$240.00 (Pro	vides Patient Ca	re)
	•			
NOTE: Dues are require	d immediately i	upon acceptance	as an active me	ember.
Please make your check paya	able to: Guilford N	/ledical & Dental Ma	inagers (GMDM)	
	- 115	0.5		
lease mail your check to: Guilford Medical & Dental Managers P.O. Box 10735, Greensboro, NC 27404-0735				
Please write the membe	er's name(s) on	the check.		
***	Please Sign	<b>Up for a Com</b>	ımittee ***	
Committee descriptions are	on our website. If y	ou volunteer to serve	e, the chair of the co	mmittee will contact you
Membership Outreach	Collaborative Events	Education	n Golf	Social Media
Scholarships Commun	ity Service	Bosses Recognition	Communicatio	ons
C	Questions? Contac	t us at gmdmboard	@gmail.com.	
	F	or Administrative	e use	
Payment date		New: Board decision:		Notes:
Check #	E	E-mail sent	_	
Payment amount New: receipt e-mail sent:		Website updated: Nametag requested		
new. receipt e-mail sent:		vametag requested _		