Guilford Medical & Dental Managers
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 (Provides Patient Care) $395.00

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 _____ Annual Recognition _____ Communications _____

Questions? Contact us at gmdmboard@gmail.com.

_____For Administrative use_____

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

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

Notes: _____
_____
_____
_____