



Triangle Medical Managers

www.trianglemedicalmanagers.org

ACTIVE MEMBER APPLICATION

Please check one: New Renewal

Type of Membership: Active Member Honorary Member Student/Faculty

Please visit www.trianglemedicalmanagers.org to review membership categories and criteria. If you are interested in an Affiliate Membership, please download and submit the Affiliate Member Application Form.

Applications are reviewed each month at the Executive Council Meeting. Membership dues are \$95.00 per year, and are renewed each January. If accepted, you will receive a membership packet. If not accepted for membership, your dues payment will be returned. If you have questions, please visit the contact us page on the website, where one of the board members will be happy to assist you.

Full Name: _____ Job Title: _____

Medical Group Name / Business: _____

Mailing Address: _____
Street City State Zip

Preferred Mailing Address:

(If Different From Above) Street City State Zip

Telephone: Office () _____ Ext. _____ Fax () _____

Home () _____ Email Address: _____

Signature of Applicant: _____ Date: _____

Medical Group (Please specify specialty) _____ Other (Please specify) _____

Number of FTE Physicians and Physician Extenders _____

Number of FTE Non Physicians and Non Physician Extenders _____

MGMA Member? National: Yes No State: Yes No

How did you hear about TMM? Member (Member's Name) _____

Seminar Advertisement TMM Website Other (specify) _____

Please mail this application with dues payment to: Triangle Medical Managers
Attn: Roni Baker
P.O. Box 27167
Raleigh, NC 27611

This section to be filled out by Executive Committee

Approved: _____ / _____
Date Initials of Executive Council Members (for New Member & Replacement Application)

This section to be filled out by TMM Office Staff

Paid \$ _____ Check # _____ Date entered into database _____ Date new member packet sent _____