

**TRIANGLE MEDICAL MANAGERS
AFFILIATE MEMBERSHIP APPLICATION**

Name: _____

Please provide a brief description of your company's products or services.

Percent of clients that are medical group practices or integrated healthcare delivery systems: _____

List positions (Title/Dates) previously held in medical practices/healthcare systems:

Write a brief (1-3 sentence) description of your expertise in three of the following eight domains of knowledge:

Medical Practice Business and Clinical Operations

Financial Management

Medical Practice Governance

Human Resource Managemnt

Information Management

Planning and Marketing

Professional Responsibility

Risk Management