

NORTHLAKE ASSOCIATION OF MEDICAL MANAGERS
P.O. BOX 2698
MANDEVILLIE, LA 70470

MEMBERSHIP APPLICATION

Name: _____ Date: _____

Practice Name: _____

Specialty: _____

Address: _____ Telephone: _____

_____ Fax #: _____

_____ e-mail: _____

of Physicians in practice (group) _____ # of locations: _____

of employees you supervise: _____ How would you prefer to receive your meeting notices? (please check one)

_____ Mail _____ Fax _____ Email

1. Your responsibilities include: (all that apply)

_____ Hiring/Firing Employees _____ Review insurance contracts

_____ Evaluation of employees _____ Write and enforce policies

_____ Make financial decisions _____ Payroll/Accounting

2. As a manager, you manage: (all that apply)

_____ Front desk department _____ Insurance _____ Clinic Area

_____ Billing department _____ Other

INDICATE BELOW THE LEVEL OF MEMBERSHIP FOR WHICH YOU ARE APPLYING OR RENEWING.

_____ Renewing _____ I am a new member referred by: _____

_____ Active Member - an active member must be a full-time member of the administrative staff of a health care provider's office with the responsibility of the multifaceted management of the same. Dues are \$50.00 annually/\$35.00 for each additional member from same practice.

_____ Associate Member - an associate member must be a representative of a health care network who works with, interfaces with and/or has similar duties as the active members of this organization. Associate members shall have no vote and may not hold office. Ex: medical consultants or insurance representatives. Dues are \$125.00 annually.

All applications are reviewed by the membership committee for acceptance. Checks may be made payable to NAMM and mailed to the address above.

I have reviewed and agree to accept and adhere to the Bylaws of NAMM.

Applicant's Signature

Reviewed by: _____
