

**APPLICATION FOR MEMBERSHIP  
Guilford Medical and Dental Managers**

\_\_\_\_\_ New Active Member    \_\_\_\_\_ New Associate Member

\_\_\_\_\_ Transfer Active Member    \_\_\_\_\_ Transfer Associate Member

If transfer, who currently holds membership \_\_\_\_\_

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Name of Practice/Business \_\_\_\_\_

**Please attach a list of physicians/dentist in the practice.**

Type of Practice/Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Associate Applicants need the referral of three (3) active members of Guilford Medical and Dental Managers. Please list below.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What benefits do you offer to Guilford Medical and Dental Managers?  
\_\_\_\_\_

What benefits do you want expect from Guilford Medical and Dental Managers?  
\_\_\_\_\_

Signature managing physician/owner \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: Guilford Medical and Dental Managers  
c/o Greater Greensboro Medical Society  
600 Green Valley Rd, #106  
Greensboro NC 27408**