

Application For Membership, 2012  
Guilford Medical & Dental Managers Association

\_\_\_\_\_New Active Member                      \_\_\_\_\_New Associate Member  
\_\_\_\_\_Transfer Active Member                      \_\_\_\_\_Transfer Associate Member

Applicant Name \_\_\_\_\_  
Title/Position \_\_\_\_\_  
Name of Practice/Business \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

\*Note: If transfer membership, who currently holds the membership?  
\_\_\_\_\_

Please attach a list of the physicians/dentists in the practice.

Type of Practice/Business \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

Associate Members need the referral of three (3) Active GMDM Members. Please list below.

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

Dues are paid Annually and prorated throughout the year.

Active Membership     \$240.00 Provides Patient Care \* Dues are required with application.

Make check payable to: GMDM

Associate Membership     \$300.00 Provides Services \* Dues are not required until approved.

Signature of Managing Physician/Owner \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Guilford Medical & Dental Managers  
c/o Greater Greensboro Medical Society  
600 Green Valley Road Suite 106  
Greensboro, NC 27408

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