



2019 Membership Dues Invoice

Return this form to the address below with your 2019 dues payment in the appropriate amount made payable to the SCMGMA - OR pay online at www.scmgma.com by clicking on JOIN or RENEW. DO NOT MAIL THIS FORM WITH CREDIT CARD INFORMATION. EMAIL TO OUR SECURED SITE BELOW:

MAILING ADDRESS: Cindy Ott, Executive Director, SC MGMA, 1195 St. Matthews Road, Orangeburg SC 29115

Indicate here if we have your permission to share your information with our conference exhibitors.

NAME: _____
PRACTICE: _____
TITLE: _____
ADDRESS: _____
CITY STATE ZIP _____
PHONE: _____
FAX: _____
EMAIL: _____
REFERRED BY: _____

Please Indicate your Membership Level. All memberships are based on the calendar year.

Active Member: \$125. (Please indicate chapter membership preference below.) Active membership shall be limited to those individuals who are employed in a medical practice or hospital and who work in a management/supervisory capacity. Specifically, the active member may manage a function and not necessarily people, determined by the job description of the organization. Please indicate your chapter choice below.

Member-at-Large: \$125. (Use this category if you are not able to belong to a chapter) Limited to those members who are employed in a medical practice or hospital and who work in a management/supervisory capacity. Specifically, the member-at-large may manage a function and not necessarily people, determined by the job description of the organization. Members-at-large are those individuals who qualify for active membership and who are not members of a local chapter.

Affiliate: \$300. (Please indicate chapter membership preference below.) Affiliate membership shall be those individuals who provide products or services to health care organizations, and who have not joined as a corporate member.

Student Member: \$50. (Please indicate chapter membership preference below.) Student membership shall be limited to students currently enrolled in a healthcare program of study at a recognized college or university who are interested in the mission/purpose of the SCMGMA and who do not qualify for active membership.

Please indicate your chapter preference:

SCMGMA CHAPTERS: Aiken Beaufort/Jasper Charleston
 Coastal Florence Greenville
 Midlands Sumter/Clarendon/Lee Spartanburg
 Member-at-Large (no chapter preference)

PAYMENT METHOD:

My check payable to SCMGMA is enclosed . **If mailing a check, be sure this form is included.**

Please send credit card information to one of the following secured email sites or renew online:

scmgma2017@scmgma.com (Cindy Ott, State Board Executive Director)

selenamgma@scmgma.com (Selena Alexander, Greenville Chapter Executive Director/Assistant to Cindy Ott)

Please charge my credit card: _____ Visa _____ MasterCard _____ American Express _____ Discover

Credit Card Number: _____ Expiration _____ CID: _____

Name as it Appears on Card: _____

Or you may join or renew online at www.scmgma.com Click "Join" or "Renew" on home page.