



# 2010 MEMBERSHIP APPLICATION

(Please Print)

Members Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Suite #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Specialty: (maximum of 3) \_\_\_\_\_

## UNDERSTANDING MEMBERSHIP DUES

Active Member:	\$100.00 per member, annually \$50.00 per member, 1/2 year
Multiple Memberships:	\$100.00 per member for first and second member \$75.00 per member for third and subsequent members
Student Member:	\$25.00 per member, annually
New Members Initiation Fee (does not apply to Student Members)	\$25.00 one time fee for those not currently enrolled

### ADDITIONAL MEMBERS:

(Second Membership)

Members Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ School Name (if student): \_\_\_\_\_

Employer's Specialty: (maximum of 3) \_\_\_\_\_

Membership Fee: \$100 Student Fee \$25.00 Initiation Fee (if applicable): \$25.00 **Total: \$** \_\_\_\_\_

### (Third Membership)

Members Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ School Name (if student): \_\_\_\_\_

Employer's Specialty: (maximum of 3) \_\_\_\_\_

Membership Fee: \$75 Student Fee \$25.00 Initiation Fee (if applicable): \$25.00 **Total: \$** \_\_\_\_\_

### (Fourth Membership)

Members Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ School Name (if student): \_\_\_\_\_

Employer's Specialty: (maximum of 3) \_\_\_\_\_

Membership Fee: \$75 Student Fee \$25.00 Initiation Fee (if applicable): \$25.00 **Total: \$** \_\_\_\_\_

**(Fifth Membership)**

Members Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ School Name (if student): \_\_\_\_\_

Employer's Specialty: (maximum of 3) \_\_\_\_\_

Membership Fee: \$75 Student Fee \$25.00 Initiation Fee (if applicable): \$25.00 **Total:** \$ \_\_\_\_\_**(Sixth Membership)**

Members Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ School Name (if student): \_\_\_\_\_

Employer's Specialty: (maximum of 3) \_\_\_\_\_

Membership Fee: \$75 Student Fee \$25.00 Initiation Fee (if applicable): \$25.00 **Total:** \$ \_\_\_\_\_**CALCULATE PAYMENTS:**

Membership Type	Quantity		Price	Amount Due
First and Second Memberships		x	\$100.00	\$
Third and Subsequent Memberships		x	\$75.00	\$
Half Year Memberships (July – December)		x	\$50.00	\$
Student Memberships		x	\$25.00	\$
New Members Initiation Fee <i>(does not apply for students)</i>		x	\$25.00	\$
			<b>Total Due:</b>	<b>\$</b>

**SUBMIT PAYMENT:**

Method of Payment (please check one)	Instructions
<input type="checkbox"/> Check – Make Checks Payable to: <b>MMBA</b>	Mail Application & Check to: Michigan Medical Billers Association P.O. Box 23062 Lansing MI 48909
<input type="checkbox"/> Credit Card via Pay Pal  Available on our website at: <a href="http://www.michiganmedicalbillers.com">www.michiganmedicalbillers.com</a>	<input type="checkbox"/> Mail Application <input type="checkbox"/> Fax Application (248.247.2722) <input type="checkbox"/> Email Application ( <a href="mailto:mmbahelp@yahoo.com">mmbahelp@yahoo.com</a> )

How did you hear about MMBA? \_\_\_\_\_

Mailing Preference:  Email  USPS**Contact Information:**

517.651.7180 (P)

248.247.2722 (F)

Email: [mmbahelp@yahoo.com](mailto:mmbahelp@yahoo.com).**Website:** [www.michiganmedicalbillers.com](http://www.michiganmedicalbillers.com)

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