



## 2020 Membership Dues Invoice

NAME: \_\_\_\_\_  
 PRACTICE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY STATE ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 NEW MEMBER \_\_\_\_\_  
 REFERRED BY: \_\_\_\_\_

**Indicate your Membership Level. All memberships are based on the calendar year January 1 - December 31 of the current year.**

\_\_\_\_ **Active Member:** \$125. Active membership shall include those members employed by a management organization, hospital/hospital system, practice management firm or other business entity responsible for managing any operational component(s) of an entity providing healthcare services. This includes consultants who are responsible for operations of one or more practices on an ongoing basis.

\_\_\_\_ **Faculty Member:** \$125. Faculty membership shall include professors or instructors who teach or instruct courses related to the provision of healthcare or the administration thereof at an accredited institution.

\_\_\_\_ **Affiliate Member:** \$300. Affiliate membership is offered to those individuals employed by an organization that provides products or services to healthcare delivery organizations and/or medical practices and who choose not to join as a corporate member.

\_\_\_\_ **Student Member:** \$50. Student membership is offered to those individuals who are pursuing a healthcare or business-related degree at an accredited institution of higher learning and does not qualify for any other member category.

\_\_\_\_ **Uniformed Services Member:** \$125. Uniformed service membership shall include individuals who are employed in a supervisory, management or administrative capacity in a military healthcare clinic or hospital.

\_\_\_\_ **Retired Member (dues paying).** \$125. Individuals who have been members of the SC MGMA for three or more years and retired from managing healthcare delivery or providing services to medical practices/health care delivery and who work a maximum of 10 hours/week or 500 billable hours/year in support or consultative services to a medical practice. Dues paying retired members may hold office, chair committees, and vote.

\_\_\_\_ **Retired Member (non-dues paying).** Individuals who have been members of the SC MGMA for three or more years and retired from managing healthcare delivery or providing services to medical practices/health care delivery and who work a maximum 10 hours/week or 500 billable hours/year in support or consultative services to a medical practice. Non-dues-paying retired members may not hold office, chair committees, or vote.

\_\_\_\_ **Provider Member. \$125.** Provider membership is available for healthcare providers/clinicians who hold an active license in the state and/or is in a healthcare administrative position.

\_\_\_\_ **Member at Large. \$125.** Members-At-Large membership includes those members who qualify for active membership but who are unable to form a local chapter.

**Please indicate your chapter preference:**

- SCMGMA CHAPTERS:**  Aiken  Beaufort/Jasper  Charleston  Coastal  Florence  
 Greenville  Midlands  Spartanburg  No Chapter Preference (will be identified as Member at Large)

(over)

**PAYMENT METHODS:**

- My check payable to SCMGMA is enclosed along with my invoice.
- Visit [www.scmgma.com](http://www.scmgma.com) and enter your username and password to “renew,” or register to create an account as a new member. Select your category of membership from left hand column and follow the prompts.
- Complete credit card information below and email to one of the following secured email sites:

**CREDIT CARD INFORMATION TO BE EMAILED AS ABOVE:**

Charge my credit card: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover

Credit Card Number: \_\_\_\_\_ Expiration \_\_\_\_\_ CID: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Signature Showing Approval to Charge this Card: \_\_\_\_\_

Mailing Address Associated with Credit Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email credit card information to either of the following secure email addresses:

[scmgmaconfmembership@scmgma.com](mailto:scmgmaconfmembership@scmgma.com) (Cindy Ott, State Board Executive Director)

[selenamgma@scmgma.com](mailto:selenamgma@scmgma.com) (Selena Alexander, Asst. Executive Director)

**USPS MAILING ADDRESS: Cindy Ott, Executive Director, SC MGMA, 1195 St. Matthews Road, PMB 313, Orangeburg SC 29115**

Your signature: \_\_\_\_\_

Thank you for joining the SCMGMA! Visit [www.sc-mgma.org](http://www.sc-mgma.org) and update your profile information!