



2022 MEMBERSHIP DUES

Registration Form/Invoice

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GENERAL INFORMATION (please print)

Name:	
Practice/Business Name:	
Mailing Address: (include city, state, and zip code)	
Office Phone:	
Cell Phone:	
E-mail Address:	
New Member Referred by:	

LEVELS OF MEMBERSHIP

Check Here	Cost	Member Level	Description
	12.5% Discount given when joining both SCMGMA and MGMA together \$458.38	Dual	<p>The Medical Group Management Association (MGMA) is excited to offer the opportunity to participate in our new dual membership pilot program with select state MGMA programs. Sign up today to double your benefits and grow your network with a one or two-year membership that combines the best of practice management solutions, advocacy, and professional development resources at a state and national level.</p> <p>For more information and how to enroll, visit: https://www.scmgma.com/membership/scmgma-national-mgma-dual-membership</p>

	\$200*	Active	<p>Includes those employed by a management organization, hospital/healthcare 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.</p> <ul style="list-style-type: none"> • Private practice and healthcare system administrators, directors, managers and supervisors. • Healthcare providers, clinicians and administrators (with active license in the state). • Accredited institution professors and instructors of courses related to the provision or administration of healthcare. • Military healthcare clinic or hospital administrators, directors, managers and supervisors. • Member-at-Large: those who qualify for active membership but who are unable to form a local chapter. <p><i>*Note: \$150 of membership dues goes to the State and \$50 goes to selected Chapter</i></p>
	\$200	Organizational	<p>Active members as defined above. If your organization is paying for several members, use this sliding scale to receive appropriate discount.</p> <p>2-10 Members 10% discount 11-50 Members 20% discount 50+ Members 25% discount</p> <p>*Organizational members will receive \$25 off of conference registrations.</p>
	\$300	Affiliate	<p>Includes 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.</p>
	\$200	Retired (dues paying)	<p>Retired (dues paying) includes individuals who have been members of SCMGMA for three or more years and retired from managing healthcare delivery or providing services to medical/healthcare 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.</p>
	\$50	Student	<p>Includes 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.</p>
	\$0.00	Retired (non dues paying)	<p>Includes individuals who have been members of SCMGMA for three or more years and retired from managing healthcare delivery or providing services to medical/healthcare delivery and who work a maximum of 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 and vote.</p>

CHAPTERS

Please select your chapter preference:

Charleston

Greenville

Coastal

Midlands

Florence

Spartanburg

Payment Options

Option	Instructions
Check	<p>Login to Your SCMGMA account to receive an invoice.</p> <p>Make check payable to SCMGMA and mail with invoice to: Cindy South Ott, Executive Director 1195 St. Matthews Road, PMB 313 Orangeburg, SC 29115</p> <p>Phone: 803.387.7864 E-mail: cindyott63@gmail.com</p>
Secured E-mail	<p>E-mail your application with credit card information to our secure e-mail address: scmgmaconfmembership@scmgma.com</p>
Online	<p>Login to Your SCMGMA account and pay online with credit card: www.sc-mgma.org</p> <p>You may also visit: www.scmgma.com, click “join” or “renew” and follow the prompts.</p>
Credit Card	<p>Charge my credit card: I authorize SC MGMA to charge my credit card, as provided (return registration and payment pages).</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER</p> <p>Credit Card Number: _____</p> <p>Expiration Date: ____/____/____ CID: _____ (3 digit security code on back of card/ 4 digits on AmEx)</p> <p>Address and Zip Code associated with credit card:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name of Cardholder as it appears on credit card: _____</p> <p style="text-align: right;">Please print clearly</p>

Your Signature: _____

Thank you for joining SCMGMA! Visit www.sc-mgma.org and update your profile information!