Medical Group Management Association
West Virginia

# 2019 Membership Application

| | |
|---|---|
| **Please Select Membership Type** | ☐ General - $125<br>☐ Student - $25<br>☐ Organizational – Please complete page 2<br>☐ Tier 1 – up to 5 members - $500<br>☐ Tier 2 – up to 9 members - $875<br>☐ Tier 3 – up to 14 members - $1,375<br>☐ Tier 4 – up to 19 members - $1,875<br>☐ Tier 5 – up to 24 members - $2,375 |

**PLEASE PRINT**

Last Name: _____ First Name: _____

Job Title: _____

Certificates Held (e.g. FACME, CPA, CMOM, MBA, etc.): _____

(If applying for student membership, please list school name): _____

Practice/Organization Name: _____

Practice/Organization Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Website: _____

Email Address: _____

**WVMGMA, c/o Parkersburg Cardiology, Inc.**
**1013 Garfield Avenue**
**Parkesburg, WV 26101**

*Please make checks payable to WVMGMA*
*OR*
*By PayPal at WVMGMA.com*

**Organizational Membership**

| | Last Name | First name | Job Title | Email Address |
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