



# Georgia Medical Directors Association MEMBERSHIP APPLICATION

## GMDA Executive Office

2700 Cumberland Pkwy, Suite 570  
Atlanta, GA 30339  
Ph: (404) 941-1411 / Fax: (404) 299-7029  
[www.georgiamda.org](http://www.georgiamda.org)

NEW MEMBER / REINSTATEMENT

RENEWING MEMBER

Name: \_\_\_\_\_ Degree/Cert: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

This is my:  Work  Home

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

Preferred Phone: \_\_\_\_\_ Preferred Fax: \_\_\_\_\_

This is my:  Work  Home  Mobile

This is my:  Work  Home

Preferred E-Mail: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Facility(ies): \_\_\_\_\_

### I am especially interested in: (check all that apply)

Legislative Affairs / Advocacy

Organizational Leadership

Continuing Medical Education / Program Planning

Other: \_\_\_\_\_

## MEMBERSHIP TYPE

General Member (\$125)

Facility Member (\$200)

Designee A: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Designee B: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Designee C: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

NP/RN/PA Member (\$75)

Associate Member (\$100)

## FACILITY MEMBERSHIP

Facility membership includes membership for designated individuals who work in one facility (1 physician + 1 non-physician OR 3 non-physicians). Please indicate their names, degrees, titles, and email addresses here. Please use a separate page if necessary.



Please make check payable to: Georgia Medical Directors Association  
2700 Cumberland Pkwy, Suite 570, Atlanta, Georgia 30339

To pay by credit card, please visit the GMDA website: [www.georgiamda.org](http://www.georgiamda.org)

Fed Tax ID: 58-2009761