



West Central Georgia Medical Managers Association 2012 Business Partner Application

Please select from the options below:

- | | | |
|---|--------|---------|
| <input type="checkbox"/> Business Member Platinum | 1 Year | \$1,000 |
| <input type="checkbox"/> Business Member Gold | 1 Year | \$ 750 |
| <input type="checkbox"/> Business Member Silver | 1 Year | \$ 500 |

First Name: _____ Last Name: _____ Suffix: _____

Business Title: _____

Company Name: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Company Web Address: _____

Work Email: _____

Work Toll Free Phone: _____ Extension: _____

Other Work Phone: _____ Extension: _____

Fax: _____

Specialty / Company Type: _____

(continue to second page)



**West Central Georgia Medical Managers Association
2012 Business Partner Application (continued)**

Home Email: _____

Please check one:

My preferred email is: [] home [] work

Referred By: _____

Payment: Cash _____ Check Number _____

Credit Card: Visa _____ MasterCard _____ Discover _____ American Express _____

Name on Card: _____ Expiration Date: _____

Card Number: _____ 3 Digit Security Code: _____

Mail completed form with check, money order or credit card information to:

WCGMMA

Attention: Treasurer

P O Box 4376

Columbus, GA. 31914-4376

Or fax to: 866-471-3095 if paying by credit card.