



**WEST CENTRAL GEORGIA MEDICAL MANAGERS ASSOCIATION**  
**Membership Application 2012**  
**(January 2012 – December 2012)**

**Membership Dues: \$60.00**

**Renewal** \_\_\_\_\_ **New Member** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

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**New Members 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 or credit card information to:**  
**Or fax to: 866-471-3095 if paying by credit card.**

**WCGMMA**  
**Attention: Treasure**  
**P O Box 4376**  
**Columbus, GA 31914-4376**