



**MMA**  
Minnesota Medical Association

# BROWN COUNTY MEDICAL SOCIETY

## 2009 MEMBERSHIP APPLICATION

1300 Godward Street NE Suite 2500 • Minneapolis, MN 55413-1761 • Toll Free: 800-DIAL MMA • Voice: 612-378-1875 • Fax: 612-378-3875  
Internet: [www.MMAOnline.net](http://www.MMAOnline.net) • E-mail: [membership@mnmed.org](mailto:membership@mnmed.org)

The following information is required to process your membership. Please complete additional information on reverse. (Please print all information.)

### PHYSICIAN INFORMATION

First Name _____	Middle Name _____	Last Name _____	Degree _____	Maiden Name _____
Clinic Name _____		Home Address _____		
Clinic Address _____		City _____	State _____	
City _____	State _____	Zip Code _____	County _____	
Zip Code _____	County _____	Home Telephone _____	Home Fax _____	
Clinic Telephone _____	Clinic Fax _____	Other Telephone (car, cellular, etc.) _____		
E-mail Address _____		Personal URL _____		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Clinic		Preferred E-mail Address: <input type="checkbox"/> Home <input type="checkbox"/> Clinic		

### VITAL STATISTICS

Date of Birth _____	Gender _____	Primary Specialty _____
NPI Number _____		Secondary Specialty(ies) _____
Minnesota License Number _____	Date Issued _____	Employer (if different from clinic) _____

**Form of Practice:**  Direct Patient Care  Research  Teaching  Administration  Other \_\_\_\_\_

### PROFESSIONAL HISTORY

	Location	Specialty	Date Started	Date Completed
Medical School				
Internship/Residency				
Internship/Residency				
Fellowship				

# SAMPLE MEMBERSHIP CATEGORIES AND DUES RATES

(Prorated dues are available for new members. Call MMA to see if you qualify.)

Membership Classification and Description	MMA Dues	Brown County Medical Society
Regular Active Member <i>Full-time practicing physicians</i>	<b>\$530</b>	<b>\$30</b>
First Year Practice or First Year in State <i>Physicians in their first full year of practice after completing residency or in their first year in the state</i>	<b>\$265</b>	<b>\$30</b>
Second Year Practice or Second Year in State <i>Physicians in their second full year of practice after completing residency or in their second year in the state</i>	<b>\$397.50</b>	<b>\$30</b>
Resident Physician <i>Physicians enrolled full-time in residency program or a fellow</i>	<b>\$20</b>	<b>\$20</b>
Part Time Practice <i>Physicians qualifying for regular membership but working less than ½ time</i>	<b>\$265</b>	<b>\$15</b>

The MMA and its local component medical societies also offer dues reductions and waivers for physicians who are taking family or dependent care leave, who are students, or who have unique circumstances. Call the Member Relations Department at 800-DIAL MMA or 612-362-3747 for details about these membership categories.

## MEMBERSHIP INFORMATION

From the chart above or from a conversation with membership staff, please choose the category that best fits your current practice setting.

Membership Classification and Description	MMA Dues	Brown County Medical Society	Total Dues
	*	*	*

**\*Prorated dues are available for new members. Call MMA today to see if you qualify.**

Membership in the Minnesota Medical Association is unified with a local, component medical society. Component medical societies provide additional local resources and services for members. **Members must maintain joint membership in a local component medical society and may choose membership in either one in which they live or the one in which they work.** For questions, please refer to the web <http://www.mmaonline.net/> or contact the Member Relations team by phone at (612) 362-3747, (800) 342-5662 or email [membership@mnmed.org](mailto:membership@mnmed.org).

## METHOD OF PAYMENT

Please bill my credit card.

VISA       MasterCard       Discover

Acct. Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*The security of information sent via e-mail is not guaranteed. Please call or FAX with your credit card number.*

Enclosed is my check made payable to Minnesota Medical Association.

## RETURN INFORMATION

Return this completed application and the appropriate membership dues to:

Member Relations • Minnesota Medical Association • 1300 Godward Street NE Suite 2500 • Minneapolis, MN 55413-1761  
Direct questions to: Member Relations • 800-DIAL MMA • 612-362-3747 • [membership@mnmed.org](mailto:membership@mnmed.org)