

SAMPLE MEMBERSHIP CATEGORIES AND DUES RATES

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

| Membership Classifications and Descriptions | Minnesota Medical Association | Twin Cities Medical Society Choose <u>One</u> Trustee District | |
|---|-------------------------------|---|---------------|
| | | West District | East District |
| Regular Active Member <i>Full-time practicing physicians</i> | \$530 | \$265 | \$265 |
| 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> | \$265 | \$132.50 | \$132.50 |
| 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> | \$397.50 | \$198.75 | \$198.75 |
| Resident Physician <i>Physicians enrolled full-time in residency program or a fellow</i> | \$20 | \$10 | \$10 |
| Part Time Practice <i>Physicians qualifying for regular membership but working less than ½ time</i> | \$265 | \$132.50 | \$132.50 |

Membership in the Minnesota Medical Association is unified with membership in a local component medical society. In the Twin Cities area, the West Metro Medical Society serves Anoka, Carver, western Dakota, Hennepin and Scott counties and the East Metro Medical Society serves eastern Dakota, Ramsey and Washington counties. **Members must maintain joint membership in a local component medical society and may choose membership in either the one in which they live or the one in which they work.** The MMA and its local component medical societies offer additional dues reductions and waivers for physicians who are taking family or dependent care leave or who have unique circumstances. Call the Member Relations Department at 800-DIAL MMA or 612-378-1875 for details about these additional membership categories.

MEMBERSHIP INFORMATION

From the chart above, please choose the category and component society that best fits your current practice setting.

| Membership Classification and Description | Local Component Medical Society (check one trustee district) | MMA Dues | Local Component Society Dues | Total Dues |
|---|--|----------|------------------------------|------------|
| | <input type="checkbox"/> West District <input type="checkbox"/> East District | * | * | * |

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

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 • 612-378-1875 • membership@mnmed.org