



MMA
Minnesota Medical Association

RANGE MEDICAL SOCIETY

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 • E-mail: 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	Range Medical Society
Regular Active Member <i>Full-time practicing physicians</i>	\$530	\$170
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	\$85
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	\$170
Resident Physician <i>Physicians enrolled full-time in residency program or a fellow</i>	\$20	\$0
Part Time Practice <i>Physicians qualifying for regular membership but working less than ½ time</i>	\$265	\$85

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 612-378-1875 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	Range 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) 362-3727, (800) 342-5662 or email 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 • 612-378-1875 • membership@mnmed.org