



MMA
Minnesota Medical Association

STEELE COUNTY 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				
_____ 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: <input type="checkbox"/> Direct Patient Care <input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Administration <input type="checkbox"/> 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	Steele County Medical Society
Regular Active Member <i>Full-time practicing physicians</i>	\$530	\$15
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	\$15
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	\$15
Resident Physician <i>Physicians enrolled full-time in residency program or a fellow</i>	\$20	\$15
Part Time Practice <i>Physicians qualifying for regular membership but working less than ½ time</i>	\$265	\$15

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	Steele 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) 362-3727, (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