



NORTHLAKE ASSOCIATION OF MEDICAL MANAGERS (NAMM)

PO Box 2698

Mandeville LA 70470

MEMBERSHIP APPLICATION

Please select member category below

___ I am RENEWING my membership ___ I am a New Member referred by _____

Indicate Membership Level

___ Active Member Must be fulltime employee of the administrative staff of a healthcare provider office with the responsibility of multifaceted management. Dues are \$50 annually. \$35 for each additional member from same practice.

___ Associate Member Must be a representative of a healthcare network who works with, interfaces with and/or has similar duties as the Active Members of NAMM. Associate members have no vote and may not hold office. Example: Medical consultants or insurance representatives. Dues are \$125 annually per member.

Name: _____ Date: _____

Email (for meeting notices): _____

Practice Name: _____ Specialty: _____

Address: _____ City, State Zip: _____

physicians in practice ___ # locations ___ Telephone: () ___ - ___ Fax: () ___ - ___

employees you supervise: ___ # years in medical practice management: ___

- Your responsibilities include: (check all that apply)
___ Hiring/firing
___ Review insurance contracts
___ Evaluations
___ Write/enforce policies
___ Financial decisions
___ Payroll/accounting

- As a manager, you manage: (check all that apply)
___ Front desk
___ Billing
___ Insurance
___ Clinic
___ Other

- Areas of management you would like to learn more about
___ Financial
___ Information
___ Human Resources
___ Risk
___ Planning/Marketing
___ Clinical operations

All applications are reviewed by the Membership Committee. Checks should be made payable to NAMM and mailed to the address at the top of this page. Please review your information and sign below, agreeing to accept and adhere to the NAMM bylaws which are online at http://www.lmgma.org/page-18096

_____ Your signature

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NAMM USE: Reviewed by: _____ Check # _____ Date _____