



Annual Membership Dues Statement

July 1, 2024 – June 30, 2025

Regular Membership: \$150

_____ **New** _____ **Renewal**

Requirement: Members in this category must be in an active management role within the field of healthcare practice management.

Affiliate Membership: \$275

_____ **New** _____ **Renewal**

Requirement: Members in this category must provide products and/or services directly to healthcare delivery organizations; to include consultants, accountants, suppliers, vendors, financial or legal representatives, etc.

Dues are paid by: personal organization personal/organization reimbursement

Please make checks payable to:

CSRA Medical Group Managers' Association

PO Box 1596 Evans GA 30809

*****Your payment is due by August 15, 2024*****

Please update your personal information for us:

Name: _____ Position: _____

Employer: _____ Email: _____

Website: _____

Address: _____

Phone: _____ Fax: _____

Please list any subject you would like discussed or speakers you would like to hear:

Subject: _____ Speaker: _____

_____ I would be interested in serving on the Board this year.