



# MEMBERSHIP COMPLETION FORM

Physician Practice Name: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Medical Specialty: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Physician Email: \_\_\_\_\_ Website: \_\_\_\_\_

Total Number of Physicians in Practice: \_\_\_\_\_  
Total Number of Non-Physician Employees: F/T \_\_\_\_\_ P/T \_\_\_\_\_

Practice Contact Name for PMNA: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please check all services and/or benefits of interest that are discounted for PMNA members:

- Practice Personnel Management Services (Personnel):**
  - Payroll and Tax Administration (including Direct Deposit, Auto W-2)
  - HR & Employment Practice Services
  - Workers' Compensation, Safety, Loss Prevention & Control
  - Other Personnel Services of interest: \_\_\_\_\_
  
- Physician Practice Services:** Coding Compliance, Reimbursement Audit, Managed Care Contract Analysis, Accounts Receivable Valuations, Continuing Education, Patient Billing Services  
Other Practice Services of interest: \_\_\_\_\_
  
- Employee Benefits:** Major Medical, Retirement, Life Insurance, Dental, Vision, Legal, Critical Illness, Auto/Homeowners, Disability  
Other Benefits of interest: \_\_\_\_\_
  
- Pharmaceutical Dispensing Program (In-Practice)**

**Please fax completed form to: 877-294-0693**

Once PMNA receives this form, we'll send your Membership Packet and your free gift certificate (*valued at \$2,500*) to you.

Membership Dues will be waived for 6 months from date of application receipt.  
The \$50 per year Membership Dues will be billed to your practice in six months.