



**MINNESOTA
MEDICAL
ASSOCIATION**

MEMBERSHIP APPLICATION

HEADWATERS MEDICAL SOCIETY

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: <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 800-DIAL MMA to see if you qualify.)

Membership Classification and Description	MMA Dues	Headwaters Medical Society
Regular Active Member <i>Full-time practicing physicians</i>	\$540	\$150
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>	\$270	\$150
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>	\$405	\$150
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>	\$270	\$75

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 612-362-3747 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	Headwaters Medical Society	Total Dues
	*	*	*

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 visit www.mnmed.org. You may also contact Member Relations at (612) 362-3747, (800) 342-5662 or email membership@mnmed.org.

METHOD OF PAYMENT

Please bill my credit card.

VISA MasterCard Discover American Express

Acct. Number: _____ Expiration Date: _____ Security ____

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 • 612-362-3747 • membership@mnmed.org