



MEMBERSHIP APPLICATION
July 2011 – June 2012

**Maryland Medical
Directors
Association**
State Chapter of
AMDA

Name & Title _____

Affiliation _____

Address _____

City, State, Zip _____

E-mail (**REQUIRED**) _____

Telephone (office) _____ Fax _____

I have served as a Medical Director for _____ years.

I have served as a clinician in long term care for _____ years.

I would like to join or renew MMDA

MMDA General Membership (Physicians in practice):

Membership

_____ *Renewal:* \$75 _____ *New membership* \$65

Fees:

MMDA Affiliate Membership (Nurse practitioners, DDS, CNS, DPM, physician assistants, students of all disciplines, residents, fellows and other IDT members):

_____ *Renewal:* \$37.50 _____ *New membership:* \$32.50

_____ I would like to make a contribution to MMDA \$ _____.

TOTAL AMOUNT ENCLOSED \$ _____. Payment is due upon receipt.

**Payment
Methods:**

PAYMENT OPTIONS:

You may go to the Maryland Medical Director Association website at www.marylandmda.org and pay using a credit card which MMDA will process through our PayPal account.

_____ Check enclosed. Please make checks payable to **MMDA**

**Credit Card
Payments:**

_____ Visa _____ MasterCard _____ American Express

Card Number _____ Exp. Date _____ Security Code _____
(THE TRANSACTION IS PROCESSED THROUGH MMDA'S PAYPAL ACCOUNT AND WILL APPEAR ON YOUR CREDIT CARD STATEMENT AS "MARYLANDMED")

Signature _____ Print Name _____
(as it appears on the card)

**Mailing
Payment
Address:**

MMDA
c/o LTC Direct, Inc.
11000 Broken Land Parkway, Suite 402
Columbia, MD 21044

You may also fax the form to 410-975-4625 or email it to mmdawebsite@gmail.com and mail the check separately. If you have questions regarding membership, please visit www.marylandmda.org, email mmdawebsite@gmail.com or call 410-992-3136.