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2012 MGMA St. Louis Business Partner Application

Business Partner membership is granted to an individual or organization that provides a purchased service and/or products to the health care industry. A Business Partner is entitled to membership services as determined by the Board of Directors, including the right to one vote per company and to serve on a Committee or Chair a Committee. There will be no limit to the number of company representatives.
\$250 Membership expires 12/31/2012 – prorated after July 1

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____

E-mail _____ Website _____

Referred by _____

Please provide the following information:

Contact information for additional representatives from your company:

Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email _____

Attach additional contacts if necessary

Brief Description of your business (max. 80 words) Use this space or email administrator@mgma-sl.org

Please select up to three categories in which you would like to be listed:

- | | |
|--|--|
| <input type="checkbox"/> Billing and Collections | <input type="checkbox"/> Information Technology/Communication |
| <input type="checkbox"/> Clinical Services | <input type="checkbox"/> Insurance (Malpractice/Employee Benefits) |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Document Management | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> EHR/Practice Management Systems | <input type="checkbox"/> Medical Transcription |
| <input type="checkbox"/> Financial Services (Banking & Accounting) | <input type="checkbox"/> Office Services |
| <input type="checkbox"/> Human Resources/Staffing | <input type="checkbox"/> Real Estate |

Please send a high res, print-ready logo (pdf, jpeg, gif, eps) to administrator@mgma-sl.org

Payment Information:

- Check payable to MGMA St. Louis for \$250 enclosed
- Please charge my card \$250 (circle one) Visa MC Amex Discover

Name on Card: _____ Signature: _____

Card Number: _____ Exp Date: _____ V-Code _____