



Iowa Medical Group Management Association  
Affiliate Member Application  
**(New Member)**

IMGMA's membership database is a vital link enabling us to network within the organization. Therefore, we ask you to please provide complete information. If you have any questions regarding completion of this application, please contact our Executive Director at (515) 280-6454 or send an Email to [imgma@imgma.org](mailto:imgma@imgma.org).

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Brief description of company (services, products, etc.) You may attach an extra sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this completed application along with a \$225.00 membership dues check to:

**Iowa Medical Group Management Association**  
100 East Grand Avenue, Suite 118  
Des Moines, IA 50309

If paying by credit card, please fill out information below and fax back to:

**(515) 283-9366**

Credit Card Payment: Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

*(Charges will appear on credit card statements as Assoc. Offices 515-280-6454)*

**Questions ?** – Please contact IMGMA at 515-280-6454 or [imgma@imgma.org](mailto:imgma@imgma.org)

*Contributions or gifts to Iowa Medical Group Management Association are not deductible as charitable contributions for federal income tax purposes. However, a portion of dues payments may be deductible by members as an ordinary and necessary business expense. Please consult your tax advisor.*



***THANK YOU!***