mmda
The Mid-Atlantic Society for
Post-Acute and Long Term-Care Medicine, Inc.

MEMBERSHIP APPLICATION

One (1) Membership Year: January to December

MMDA – The Mid-Atlantic Society for Post-Acute and Long-Term Care Medicine, Inc.

Maryland
Washington, DC
Delaware
Chapter of AMDA

Name ______________________________ Credential(s) ____________

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.

❑ Yes, I would like to Join or Renew MMDA!

Membership Fees:

General: Physicians, APNs, PAs in practice	_____	$150
Affiliate: Nurses, DONs, DDSs, CNSs, DPMs, and other IDT members	_____	$75
Emeritus: Retired	_____	$40
Students of all disciplines, **Residents**, and **Fellows**	_____	$0
TOTAL AMOUNT ENCLOSED	$ _________	

Payment Methods:

PAYMENT OPTIONS:
You may go to the MMDA website at www.midatlanticmda.org and pay using a credit card that will be processed through our Stripe account.

Check Payments:

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

❑ Visa ❑ MasterCard ❑ American Express

Credit Card Payments:

Card Number ________________________Exp. Date _________ Security Code ______

ZIP code of billing address __________________

Print Name ____
(as it appears on the card)

Signature __________________________________ Date ________________________

I am interested in working on the following committee(s) – Each are for 1-year terms.
❑ Quality Assurance/Patient Care ❑ Education/Program
❑ Finance ❑ Public Policy ❑ Membership

Mailing Payment Address:

MMDA – The Mid-Atlantic Society for Post-Acute and Long-Term Care Medicine, Inc.
3123 Breakwater Court, West Palm Beach, FL 33411

You may also email this form to mmdawebsite@gmail.com, fax to **(561) 689-6324,** or mail the check separately. If you have questions regarding membership, please visit www.midatlanticmda.org, email mmdawebsite@gmail.com, or call **Shane Bellotti, Director of Operations**, at **(561) 689-6321**.

Join Now at https://midatlanticmda.org/mmda-membership-form/