



MAMDA

MEMBERSHIP APPLICATION

<p>Massachusetts</p> <p>Medical</p> <p>Directors</p> <p>Association</p> <p>(MAMDA)</p> <p>State Chapter of AMDA – The Society for Post Acute and Long- Term Care Medicine</p> <p>Membership</p> <p>Fees:</p> <p>Payment:</p>	<p>Name & Title _____</p> <p>Credentials _____</p> <p>Affiliation _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>E-mail (REQUIRED) _____</p> <p>Telephone (office) _____ Fax _____</p> <p>I would like to <u>join</u> MAMDA</p> <p>_____ MAMDA Physician Membership is \$100 per year.</p> <p>_____ MAMDA Interdisciplinary Membership is \$75.00 per year (Pharmacists, RN's, NP's, PA's).</p> <p>TOTAL AMOUNT ENCLOSED \$ _____</p> <p><u>PAYMENT:</u></p> <p>_____ Check enclosed (Please make checks payable to MAMDA.) Credit cards cannot be accepted.</p> <p style="text-align: center;">Nathan R. Strunk Chapter Administrator MAMDA P.O.Box 549127 Waltham, MA 02454-9127</p> <p>If you have questions regarding membership, please contact our Chapter Administrator, Nathan Strunk @ nstrunk@mms.org; or by telephone at (781) 434-7329, Fax: 781-464-4896</p>
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