



Internal Use Only

GL = 5550

ID = _____

BECOME A MEMBER TODAY

EDPMA Membership Classifications and Annual Dues Information (CIRCLE ONE)

Physician Groups and staffing companies of all sizes and governance structures		Billing Companies		Supporting organizations includes insurers, coding and charting companies, consultants, software companies, collection agencies, etc	
# of Patient Visits	Annual Dues	# of Patient Visits	Annual Dues	ED-related annual gross revenues	Annual Dues
1 – 100k	\$1,000	1 – 250k	\$1,000	less than \$1,000,000	\$1,000
100k – 250k	\$2,500	250k - 500k	\$1,500	\$1-3 Million	\$1,500
250k – 500k	\$5,000	500k – 1 Million	\$2,500	\$3-5 Million	\$3,000
500k – 1 Million	\$10,000	1 - 2 Million	\$5,000	\$5-10 Million	\$5,000
1 - 2 Million	\$20,000	2 Million +	\$10,000	\$10 Million+	\$10,000
2 Million +	\$40,000				

Affiliate non-voting membership is available to law firms, banks, and accountants. Annual Dues: \$1,000

Company Name: _____

Primary Contact: _____ Position/Title: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Website _____

Email _____

Membership Category: Physician Group or staffing company Billing Company Supporting Organization Affiliate (non-voting)

By submitting this application, I attest that our company/organization is not a subsidiary of a company/organization that would qualify for EDPMA membership in a greater dues yielding category than the one selected above. (Attestation Required)

2009 Annual dues: \$ _____

Support the EDPMA Advocacy Fund: Contributions to the EDPMA Advocacy Fund are exclusively earmarked to enhance EDPMA's policy advocacy programs and are an essential part of EDPMA's ability to represent your interests. Your Advocacy Fund contribution enables more robust federal policy monitoring and representation, timely alerts on breaking federal legislative and regulatory activities, and intelligent representation of your specialized interests before federal policymakers. Contribute Today!

YES! I Support the EDPMA Advocacy Fund: Annual Dues Match \$10,000 \$5,000 \$2,500 \$1,000 Other \$ _____

Payment Information

Visa Mastercard American Express Check Payable to EDPMA

2009 Membership Dues (prorated for months remaining in 2009): \$ _____ (GL 5550) Cardholder Name: _____

2009 Advocacy Fund Contribution: \$ _____ (GL 4950) Credit Card No: _____

Total Purchase Amount: \$ _____ Expiration Date: _____ Credit Card Security Code: _____

Signature: _____

Return this form to EDPMA: 1760 Old Meadow Road, Suite 500, McLean, VA 22102, Phone: (703) 506-3292, Fax: (703) 506-3266, Email: info@edpma.org