



## Application for Distinguished/Life Membership

**Distinguished/Life:** An individual who has retired or becomes permanently disassociated from clinic administration due to age or disability, and rendered outstanding service and commitment to the NJMGMA or the profession for at least ten years. Nominations for Distinguished/Life members may be made by any active NJMGMA member and shall be approved by the Membership Committee. Members shall not pay dues. A Distinguished/Life Member is a non-voting member.

Please submit completed applications to NJMGMA, P.O. Box 3403, Hamilton, NJ 08619 or [staff@NJMGMA.com](mailto:staff@NJMGMA.com)

Please fill out application completely. Please give post retirement contact information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Retirement \_\_\_\_\_

### Job History (10 years)

Year to Year Clinic Name

Year to Year ClinicName

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### NJMGMA/MGMA History - Please list positions held in NJMGMA or MGMA

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Please initial:

- \_\_\_\_\_ I understand that membership annual dues and the registration fee for the New Jersey conference is waived, but all other costs associated with attendance are my personal responsibility.
- \_\_\_\_\_ I understand that a lifetime membership is a non-voting membership.
- \_\_\_\_\_ I would like an email blast announcing my retirement to NJMGMA members.
- \_\_\_\_\_ I would like to be recognized as a Lifetime Member at the next conference business meeting.