



# Greater Kansas City Medical Managers Association <sup>SM</sup>

## Application for Life Member Status

This application will be forwarded to the Board of Directors for consideration with all attachments.  
Print this form and forward to the address below or fax to (816) 554-4780 without coversheet.

I am a retiring or previous Manager Member       I am a retiring or previous Business Partner Member

Application submitted by:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Previous Practice/Company \_\_\_\_\_ ACMPE/Degrees \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Please attach the following required items with this application:

- 1) Signed letter of request for consideration must come from the prospective Life Member
- 2) Document the following requirements on separate sheet(s):
  - A) List all member's service to the organization (Board, Other Positions, Committees) along with the number of years of each
  - B) If Business Partner, attachment should document service to organization (Sponsorships, Committees, Exhibitor years)
- 3) Letter of support from two (2) manager members of 10 years tenure in the organization attached
- 4) Photograph attached to this application.

Date employment, association, or affiliation with healthcare terminated \_\_\_\_\_

Years of membership in GKCMMA \_\_\_\_\_ (From \_\_\_\_\_ To \_\_\_\_\_ )

### Sponsors – Letter of Support and Recommendation

Please list two active GKCMMA manager members with at least ten (10) years of membership in GKCMMA who will sponsor your application and will write a letter of support and recommendation for you to be considered for Life Member status.

Member name \_\_\_\_\_

Member name \_\_\_\_\_

### Service to GKCMMA (Manager Member)

Detail/list active involvement with corresponding dates for service on Board of Directors, committees, positions, or other activities of GKCMMA. Use additional pages if necessary.

### Service to GKCMMA (Business Partner Member)

Detail/list active involvement with corresponding dates for service on Board of Directors, committees, sponsorships, positions, or other activities of GKCMMA. Use additional pages if necessary.

Mail this application and all attachments to: GKCMMA Central Office, PO Box 6966, Lee's Summit, MO 64064-6966.

I agree to allow GKCMMA to use my email address and phone/fax to contact me."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*Please sign, Your signature is required by law to email or fax you.*

Acceptance of this application is subject to approval by the Board of Directors. If you have questions, call (816) 524-6579 for assistance.