



Medical Association of Billers Membership Application Form

Please complete all sections of this form.

Personal Information	
Name:	
Company:	
Address:	Phone:
City/State/Zip:	Fax:
Company Name:	Cell:
Email:	

Membership includes a one-year subscription to the bi-monthly Code-Trends newsletter. Members may choose between paper CodeTrend's newsletters or electronic distribution to decrease membership costs and save the environment.

	Membership Type	Electronic	Paper
	Individual	\$100 each	\$115 each
	Multiple (two or more from the same company)	\$95 each	\$105 each
	Small Corporate (1-4 employees)	\$285	\$295
	Medium Corporate (5-10 employees)	\$80 each	\$85 each
	Large Corporate (10+ employees)	\$70 each	\$75 each

Note: Corporation or Business name appears on all Corporate Membership documents rather than the individual's name. For large and

Payment Type	
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
Credit Card	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Account Number:	Expiration Date:
Name on Account:	CVV code:
Billing Address :	
Card holder signature:	

Please print out this form and mail along with your payment
- or -
Make a payment using our secure shopping cart
<http://www.Shop.physicianswebsites.com>

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