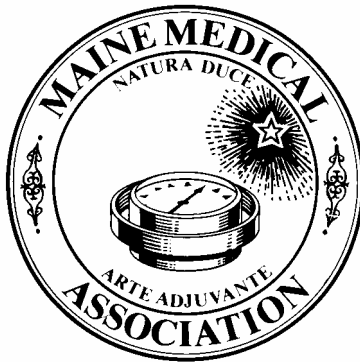


Corporate Affiliate Program

Maine Medical Association
PO Box 190
Manchester, ME 04351
Phone: 207-622-3374
Fax: 207-622-3332
Email: lmartin@mainemed.com



MEMBERSHIP APPLICATION

Name of business or firm: _____
Primary contact person: _____
Title: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip code: _____
Telephone #: (____) _____ FAX #: (____) _____
Website Address: _____

Please list other colleagues who should receive our mailings (maximum three):

_____	_____	_____
Name	Title	Email
_____	_____	_____
Name	Title	Email
_____	_____	_____
Name	Title	Email

Please provide a brief summary of the services your organization provides. This summary will be used in MMA's Corporate Affiliate Information Sheet. The Information Sheet will be included in the materials for MMA's meetings, seminars and in various mailings to our member physicians throughout the year. You are also welcome to enclose brochures or other promotional materials you believe would be helpful for us to keep on file here at MMA.

Applicant's Signature Title Date

Yearly Corporate Membership dues: October 1 – September 30: \$1,000.00

You will be invoiced for dues once your application is received and accepted.