

## MEMBERSHIP APPLICATION

One (1) Membership Year: January to December

**MMDA –  
The Mid-Atlantic  
Society for Post-  
Acute and Long-  
Term Care Medicine,  
Inc.**

Maryland  
Washington, DC  
Delaware  
Chapter of PALTmed

Name \_\_\_\_\_ Credential(s) \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

E-mail (REQUIRED) \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Fax \_\_\_\_\_

I have served as a Medical Director for \_\_\_\_\_ years.

I have served as a clinician in long-term care for \_\_\_\_\_ years.

☐ **Yes, I would like to Join or Renew MMDA!**

**Membership  
Fees:**

**General:** Physicians, APNs, PAs in practice \_\_\_\_\_ \$150

**Affiliate:** Nurses, DONs, DDSs, CNSs, DPMs, and other IDT members \_\_\_\_\_ \$75

**Emeritus:** Retired \_\_\_\_\_ \$40

**Students** of all disciplines, **Residents**, and **Fellows** \_\_\_\_\_ \$0

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**Payment  
Methods:**

**PAYMENT OPTIONS:**

You may go to the MMDA website at <https://midatlantic.paltmed.org/> and pay using a credit card that will be processed through our Stripe account.

☐ Check enclosed. Please make checks payable to **MMDA**.

☐ Visa

☐ MasterCard

☐ American Express

**Check  
Payments:**

**Credit Card  
Payments:**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

ZIP code of billing address \_\_\_\_\_

Print Name \_\_\_\_\_  
(as it appears on the card)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I am interested in working on the following committee(s) – Each are for 1-year terms.**

☐ Quality Assurance/Patient Care ☐ Education/Program

☐ Finance ☐ Public Policy ☐ Membership

**Mailing  
Payment  
Address:**

**MMDA – The Mid-Atlantic Society for Post-Acute and Long-Term Care Medicine, Inc.**  
3123 Breakwater Court, West Palm Beach, FL 33411

You may also email this form to [mmdawebsite@gmail.com](mailto:mmdawebsite@gmail.com), fax to (561) 689-6324, or mail the check separately. If you have questions regarding membership, please visit <https://midatlantic.paltmed.org/>, email [mmdawebsite@gmail.com](mailto:mmdawebsite@gmail.com), or call Ian Cordes, Administrator, at (561) 689-6321.

Join Now at <https://midatlantic.paltmed.org/>

