



Provider Member (Voting & Non-Voting): Dues are on a sliding scale based on total number of visits on your last cost report. Choose either Provider Voting OR Provider Non-Voting Member category, and check the appropriate box for total number of visits.

Provider Voting Member

	Total Visits	Annual Dues
<input type="checkbox"/>	0 - 6,000	\$1,550
<input type="checkbox"/>	6,001 - 15,000	\$3,050
<input type="checkbox"/>	15,001 - 25,000	\$3,800
<input type="checkbox"/>	25,001 - 35,000	\$4,550
<input type="checkbox"/>	Over 35,000	\$5,250

Provider Non-Voting Member

	Total Visits	Annual Dues
<input type="checkbox"/>	0 - 6,000	\$ 775
<input type="checkbox"/>	6,001 - 15,000	\$1,525
<input type="checkbox"/>	15,001 - 25,000	\$1,900
<input type="checkbox"/>	25,001 - 35,000	\$2,275
<input type="checkbox"/>	Over 35,000	\$2,625

Associate Member:

- ☐ \$ 500 annually (Vendors/Suppliers, etc.)

Individual Member:

- ☐ \$ 50 annually (Limited to Employees of Provider Members)

Please fill out a separate sheet for each provider number, if multiple memberships are desired. Related providers are entitled to a maximum of three (3) voting memberships.

Agency/ Individual Name

Street City State Zip

Medicare Provider # (If applicable) Website

Representative Title Email Telephone Number

Annual dues shall be due and payable on January 1st of each year. Those dues above \$1,200 may be paid in full on January 1st or in four (4) equal installments as follows: January 1st, April 1st, July 1st and October 1st. All dues of \$1,200 and below will be due and payable on January 1st.

PAYMENT INFORMATION

- ☐ American Express ☐ MasterCard ☐ Visa ☐ Check (Payable to MAHC)

Name on Credit Card

Credit Card #

CVV Code

Exp. Date

Signature

Billing Zip Code

Please make checks payable to:
MAHC

PO Box 115
Clinton, MS 39060

Please call 601-924-2275, if you
have any questions.
Thank you for your support!