



MEMBERSHIP FORM FOR CALENDAR YEAR 2010

We invite you to join the Ohio Medical Directors Association (OMDA) and become part of an organization dedicated to improving quality of long term care in the State of Ohio. As you may know, OMDA is a state chapter of the American Medical Directors Association (AMDA). You may not be aware, however, that dues are collected separately for AMDA and OMDA. Payment of OMDA dues at this time provides membership in your state association for the calendar year 2010.

OMDA membership benefits include access to practical continuing medical education targeted at the clinician who cares for the frail elderly; the opportunity to network with your colleagues across the state and to help expand that network; and the opportunity to get involved and make your voice heard. This can be accomplished by providing leadership for our state or by engaging in meaningful dialogue with your OMDA colleagues, state leaders, regulators and surveyors. Membership in OMDA provides an opportunity to make a difference.

Membership categories and dues are as follows:

Regular Membership:

Medical Director, Attending Physician, or Nursing Home Administrator: \$100/year

Associate Membership:

Nurse Practitioner, DON, Registered Nurse, Pharmacist, Dietitian, Rehab Specialist, or other professional working in LTC \$50/year

To pay by mail, please provide the following information and mail this form with your check to:

OMDA, P.O. Box 823, Okemos, MI 48805

PLEASE PRINT CLEARLY:

NAME: _____ Degree(s): _____

Name of institution/office associated with address below: _____

Address _____

City _____ Zip _____ Telephone (____) _____

E-mail address _____ (to receive OMDA mailings)

Amount enclosed: _____

TO PAY WITH A CREDIT CARD, GO TO: www.signmeup.com/68649

For more information about OMDA, please visit our web site at: www.ohioamda.org

Email us with questions at ohiomda@gmail.org or call 517-432-5159