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**Midwestern Medical Directors Association**  
**2018 Membership Application**  
Federal Tax ID 35-2127919



2018 Annual Dues: **\$150.00**  
Emeritus Status: No cost

Please complete the following information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Membership Category      Active \_\_\_\_\_      Emeritus \_\_\_\_\_      Affiliate \_\_\_\_\_

Please make check payable to **Midwestern Medical Directors Association** and send with this completed form to:

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