



COLORADO MANAGED CARE CONTRACTORS ASSOCIATION - CMCC

www.CMCCgroup.org

2010 MEMBERSHIP REGISTRATION FORM

BECOME A CMCC MEMBER TODAY...

Becoming a CMCC member offers several advantages, including community networking opportunities, beneficial educational programs, and easy "at-a-glance" access to industry resources, including "Members Only" benefits. Questions? Call Pam Ortega, at 303-793-2572, or via email ortegap@cmccgroup.org

- ◆ Complimentary admission to educational programs and events throughout the year.
- ◆ Access to CMCC's secured web page, sharing hand out materials from ALL past and present educational programs.
- ◆ Important information on CMCC's secured web page containing pertinent Colorado Healthcare Legislative Updates throughout the General Session.
- ◆ Industry career opportunities, through CMCC's secured Job Bank, handled with discretion.
- ◆ Access to CMCC's secured web page for numerous healthcare related links and resources.
- ◆ Industry exposure and professional opportunity to serve on CMCC's Board of Directors.
- ◆ Members access to "Website and Event Sponsorship" opportunities
- ◆ Participate and/or present in CMCC program and event planning strategies.

Join today! Simply complete Membership Registration Form and mail in your dues. Membership dues are kept affordable for individuals @ \$50.00/year and we appreciate Corporate Sponsorship.

To pay by check, please remit payable to CMMC and mail to:CMCC at:

CMCC C/O Pam Ortega, Aetna Healthcare
6501 S. Fiddler's Green Circle, Suite 310
Greenwood Village, CO 80111

CMCC MEMBERSHIP LEVELS:

\$50.00 Annual Individual CMCC Membership* - Qty _____ @\$50.00 _____

Amount Due..... _____

Pay by: Check - Ck #: _____

Pay by Credit Card with PayPal at our website - see Join Now for link

NOTE: If registering more than 1 individual, please complete information on page 2 for membership roster.

Member Information:

Returning Member

New Member

First Name: _____

Last Name: _____

Organization: _____

Title: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

SPECIFIC AREAS OF INTEREST:

PROGRAM OFFERINGS

NETWORKING

JOB BANK POSTING(S)

VOLUNTEER BOARD

LEGISLATIVE INFO

WEBSITE ASSISTANCE

See next page for Suggestions & Comments and Additional Members

