

# COLORADO MANAGED CARE COLLABORATIVE

## MEMBERSHIP REGISTRATION FORM

Becoming a CMCC member offers several "Member Only" advantages, including:

- ✓ Complimentary admission to educational programs and events throughout the year. An approximate \$250.00 value.
- ✓ Access to the current program handout, as well as all previous program handouts when available.
- ✓ Access to pertinent Colorado Healthcare Legislative updates throughout the General Session.
- ✓ Access to Industry career opportunities
- ✓ Access to numerous healthcare related links and resources.
- ✓ Industry exposure and professional opportunity to serve on CMCC Board of Directors.
- ✓ Ability to participate and/or present in CMCC program and event planning strategies.

To pay online with a credit card, please indicate on the form and send to:

To pay by check payable to CMCC send payment and form to:

**Colorado Managed Care Collaborative**

**1685 S. Colorado Blvd**

**Unit S-234**

**Denver, CO 80222-4040**

Questions? Email [membership@cmccgroup.org](mailto:membership@cmccgroup.org)

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### CMCC MEMBERSHIP LEVELS:

*Please print clearly – thank you!*

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

Annual Student CMCC Membership\* - Qty \_\_\_\_\_ @\$25.00 \_\_\_\_\_

Total Amount Due.....\$ \_\_\_\_\_

NOTE: If registering more than one individual, please complete page 2 for each person

Pay by:  Check – Ck #: \_\_\_\_\_

Pay by Credit Card with PayPal  
at our website [shop.cmccgroup.org](http://shop.cmccgroup.org)

**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)  SPONSORSHIPS

VOLUNTEER BOARD  LEGISLATIVE INFO  WEBSITE ASSISTANCE  \_\_\_\_\_

**See next page for Suggestions & Comments and Additional Members**

**Additional Member Information:**  **Returning Member**  **New Member**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

**Additional Member Information:**  **Returning Member**  **New Member**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

**Additional Member Information:**  **Returning Member**  **New Member**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

**Comments or Suggestions:** \_\_\_\_\_

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