



MEMBERSHIP APPLICATION

Name/Credentials _____ Title _____

Application Date ____/____/____ Preferred Mailing Address: Home Business

Home Address _____

City, State Zip _____

Home Phone _____

Email _____

Business Name _____

Business Address _____

City, State, Zip _____

Business Phone _____

Medical License Number _____

How did you learn about PMDA? (If referred, please enter name.) _____

Please check one membership category below.

Individual Membership

Any physician, advanced practitioner (NP, PA), or consulting pharmacist licensed in Pennsylvania whose professional medical services are provided in part within long-term care facilities or other long-term care settings licensed in Pennsylvania. Eligible to vote and hold office.

PMDA Membership Dues Active Individual (Physician)

\$120.00 (one-year)

\$220 (two-year, Save \$20!)

PMDA Membership Dues Active Individual (NP or PA)

\$90.00 (one-year)

\$170 (two-year, Save \$10)

PMDA Membership Dues Active Individual (Pharmacist)

\$90.00 (one-year)

\$170 (two-year, Save \$10)

Affiliate Membership

Not eligible to vote or to hold office.

PMDA Membership Dues (RNs, Administrators, Social Workers)

\$65.00 (one-year)

\$115 (two-year, Save \$15)

Please proceed to page 2 to provide payment information.

Dues Payment Information

- I wish to pay by check. Please make checks payable to PMDA.
 I wish to pay by credit card: MasterCard Visa Discover

Card Number _____

Exp. Date _____

Cardholder's Name _____

Security Code _____

Card Billing Address _____

City, State Zip _____

Cardholder's Signature _____

PMDA Trainee Education Fund Contribution

The PMDA Trainee Education Fund supports PMDA's efforts to educate, recognize and inspire post-acute and long-term care clinicians in training in the benefits and rewards of a career in the PALTC continuum. Your contribution will allow us to continue to offer complimentary registration to the Annual Symposium for fellows, residents and students. Help us invest in the future of practice in PALTC medicine.

PMDA Trainee Education Fund Payment Information

- I wish to pay by check. Please make checks payable to PMDA Trainee Education Fund.
 I wish to pay by credit card: MasterCard Visa Discover

Please check contribution amount:

- \$25.00 \$50.00 \$75.00 100.00

Card Number _____

Exp. Date _____

Cardholder's Name _____

Security Code _____

Card Billing Address _____

City, State Zip _____

Cardholder's Signature _____

Volunteer

Part of the value of membership is the opportunity to help keep PMDA a vital resource for members of the PALTC community. Please check one of the boxes below if you are interested in serving on a PMDA committee.

- Educational Program Membership Newsletter Public Policy

Member Benefits

Continuing Education

PMDA offers opportunities to advance your medical knowledge and skills through our newsletter, member e-mails, website, regional meeting and annual continuing medical education symposium. Members attend the Annual Symposium for a reduced member registration fee.

Public Policy/Advocacy

Membership in PMDA provides the opportunity to strengthen your voice in Harrisburg on matters pertinent to the field of long-term care. PMDA is taking the initiative to represent, educate, and advocate on behalf of physicians who practice in long-term care. PMDA also works collaboratively with AMDA on issues of national importance to long-term care.

Organizational Vision

PMDA, The Pennsylvania Society for Post-Acute and Long-Term Care Medicine is the leader for Post-Acute and Long-Term quality health care across the post-acute and long-term care continuum in Pennsylvania.

Organizational Mission

PMDA, The Pennsylvania Society for Post-Acute and Long-Term Care Medicine is the champion for quality medical care across the post-acute and long-term care continuum. PMDA provides advocacy, education, and professional development opportunities for all members of the interdisciplinary health care team to improve care for those we serve.

How to Contact Us:

PMDA
400 Winding Creek Blvd
Mechanicsburg, PA 17050
833-770-1547
(855) 918-3611 FAX
Email: pmda@pamedsoc.org
Website: www.pamda.org



THE PENNSYLVANIA SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE