



Annual Membership Application

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www.lawrencemm.org

Name: _____

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Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

Specialty: _____

Would You Be Interested In Serving On The Board?

YES

NO

If yes, Position Most Interested In: _____

Would you like an invitation to join us on Google

Groups? YES NO

Suggestions For Future Speakers/Topics?

Return Completed Application & Yearly Payment To:

Lawrence Medical Managers

Attn: Lena Scruggs

Lawrence Therapy Services

2200 Harvard, Ste 101

Lawrence, KS 66049

****Yearly Dues (January - December):***

\$25 Member (Hospital & Medical Offices)

\$50 Vendors (Business Partners)

***Make Checks Payable To:
Lawrence Medical Managers***