



## APPLICATION FOR RMGH MEMBERSHIP

**INSTRUCTIONS: Please complete ALL entries. Missing or incomplete entries may delay application approval. The applicant must sign the application. The applicant must send a letter of recommendation from a Regular RMGH Member or Senior Member with voting privileges that is familiar with the candidate. It is the responsibility of the applicant to request that this letter be sent to the RMGH office. In addition, the applicant must submit a **current Curriculum Vitae (or resume)** and a copy of state **license, registration or certification is required** (if applicable), **Copy of pictured ID,****

NAME:

LAST FIRST MIDDLE CREDENTIALS

BUSINESS ADDRESS: PROFESSIONAL TITLE:

CURRENT EMPLOYER:

CITY: STATE: ZIP: PRESENT POSITION:

PHONE NO.: CITIZENSHIP:

800 NO.: SOCIAL SECURITY NUMBER:

FAX NO.: BIRTHDATE:

EMAIL: WEBSITE:

### MEMBERSHIP CATEGORIES

ASSOCIATE MEMBER: (physicians, nurses, psychologists, dietitians, physician assistants, MA, CPT and etc.)  
License or Registration Number: (Copy of license must be included)

\$100.00 Annual Dues

LIFE TIME ASSOCIATE MEMBER (physicians, nurses, psychologists, dietitians, physician assistants, MA, CPT and etc.)  
License or Registration Number: (Copy of license must be included)

\$1000.00 One time Dues

AFFILIATE ASSOCIATE MEMBER: who do not otherwise meet the requirements for Associate membership.

\$75.00 Annual Dues

SIGNATURE OF CANDIDATE:

DATE:

The applicant must sign the application.

Please direct all correspondence to:  
Membership Coordinator, 415 E. Harvard St., Suite 203\*\*\* Glendale, CA 91205  
Phone: (818) 557-6300 Fax: (818) 557-6336 Email: support@rmgh.net