

**OKLAHOMA HOSPITAL MANAGED CARE ASSOCIATION
MEMBERSHIP APPLICATION**

- ❖ The purpose of the Association is to service its members by supporting the development and knowledge of managed care professionals in Oklahoma hospitals.
- ❖ Membership is available to individuals who reside or work in Oklahoma and who have Hospital managed care responsibility of an Oklahoma Hospital Association member hospital or system.
- ❖ Annual membership fees
 \$100 for memberships effective January 1 – June 30
 \$50 for memberships effective July 1 – December 31

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Name: _____

Title: _____ Employer: _____

Business Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Description of Managed Care responsibilities: _____

For membership consideration, please return this completed form to:

Oklahoma Hospital Managed Care Association
c/o Oklahoma Hospital Association
4000 Lincoln Boulevard
Oklahoma City, OK 73105