



322 Canal Walk • Indianapolis, IN 46202-3268  
(317) 261-2060 • Toll free: (800) 257-4762 • [www.ismanet.org](http://www.ismanet.org)

## Physician Group Enrollment Form

To submit an application and group roster, fax this completed form and your group roster to (317) 261-2226. You may also mail to:

ISMA, Attn: Membership Services, 322 Canal Walk, Indianapolis, IN 46202.

**Yes**, we are interested in the ISMA dues discount for group enrollment. Here are the details about our group, so we may qualify for this offer.

Group name: \_\_\_\_\_

Total number of physicians in group: \_\_\_\_\_ Total physicians for group enrollment: \_\_\_\_\_

Letterhead/roster attached:  Yes  No

Primary contact person: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

We have questions about the group enrollment; please contact me:

Contact name (print please): \_\_\_\_\_

Contact title: \_\_\_\_\_

For more information, refer to the Frequently Asked Questions at [www.ismanet.org/groupFAQ](http://www.ismanet.org/groupFAQ). Or, contact Vicki Riley, membership services coordinator, at (800) 257-4762, (317) 454-7735 or [vriley@ismanet.org](mailto:vriley@ismanet.org).

Group I.D. (for use by ISMA staff): \_\_\_\_\_