TEXAS MEDICAL ASSOCIATION

401 West 15th St. Austin, TX 78701-1680
Phone: (800) 880-1300 Fax: (512) 370-1631

TMA / County Medical Society Membership Application

Membership Type: ☐ Resident ☐ First Year in Practice ☐ Active ☐ Military

Biographical Information and Education

Name:

Last | First | Middle | Suffix | Degree | Gender

☐ Office Address (check if this is your preferred contact address) | City | State | Zip

Work Phone | Work Fax | Work Email

☐ Home Address (check if this is your preferred contact address) | City | State | Zip

Home Phone | Home Fax | Home Email

Date of Birth | Place of Birth (Country) | Texas Medical License # | NPI# ☐ Yes ☐ No

Marital Status | Spouse's Name | If married, is spouse also a physician?

Specialty:

Practice Name | Primary | Secondary

Medical School | Degree | Grad. Date | Residency/Fellowship (list most recent) | Specialty | Completion Date

Practice Type and Employment Status

☐ Direct Patient Care
☐ Direct Patient Care and Teaching
☐ Direct Patient Care and Research
☐ Administration (non-clinical)
☐ Full-Time Teaching (non-clinical)
☐ Research (non-clinical)
☐ Not in Patient Care
☐ Military
☐ Veterans Administration
☐ Not Employed
☐ Phys.-owned Prac.
☐ Direct Emp. by Hosp.
☐ Hospital NPHO
☐ Academic Inst.
☐ FQHC
☐ Retired
☐ Other

Membership Qualification and Authorization

Have you ever had an application for membership in a medical society rejected? ☐ Yes ☐ No

Have you ever been convicted of a crime, other than a non-felony motor vehicle violation? ☐ Yes ☐ No

Has your medical license ever been revoked or suspended? ☐ Yes ☐ No

Have you ever been subjected to disciplinary action by any of the following?

Board of Medical Examiners ☐ Yes ☐ No

County/State Medical Society ☐ Yes ☐ No

Hospital Medical Staff ☐ Yes ☐ No

I hereby apply for membership in the and Texas Medical Association and, if accepted, agree to abide by and be subject to terms and conditions of the Constitution and Bylaws of the Society and of the TMA and the Principles of the Medical Ethics of the American Medical Association. In order to process my application for membership, I grant permission and consent for you to obtain from any appropriate source all relevant information concerning my credentials and qualifications.

I understand that if my application for membership is denied by the Board of Censors, I have a right to appeal the denial to the County Medical Society pursuant to the Hearings Procedure Manual. I understand that if my application for membership is denied, based on professional competence or conduct, the County Medical Society must report such a professional review action to the National Practioner Data Bank through the Texas Medical Board within 15 days of the date that all due process rights have been exhausted.

I agree that biographical information will be disseminated in accordance with policy and procedures established by the TMA Board of Trustees unless otherwise directed by me .

Physician Signature **(required)** Date

Approval of Board of Censors

The Board of Censors have had the above application under consideration, and: ☐ Approve or ☐ Disapprove on Date

Signature and Title **Note: Membership becomes effective when application has been approved and dues have been paid to the Association.**

Payment Information

A physician becomes a member of the Texas Medical Association when joining the county medical society, since the county society is a component organization chartered by the Association. $20 of TMA active membership dues is for a one year subscription to *Texas Medicine*. **Dues paid to the county society and TMA are not deductible as charitable contributions for Federal Income Tax Purposes.** A portion of dues may be deductible as ordinary and necessary business expenses.

☐ Check (make payable to Texas Medical Association) Credit Card: ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Credit card number Expiration Date

Name as it appears on card

Signature **(required)**

Automatic renewal of dues? (optional) ☐ By checking, I authorize TMA to retain my credit card information securely and to charge my credit card to pay my membership dues annually.

PLEASE SUBMIT PAYMENT WITH MEMBERSHIP APPLICATION TO:

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