



Physicians Caring for Texans

TEXAS MEDICAL ASSOCIATION
401 WEST 15TH STREET
AUSTIN, TEXAS 78701-1680
(800) 880-7955

Medical Student Membership Application

Welcome! The Texas Medical Association is an organization of physician and medical student members working to promote excellence and professionalism in medicine. When you join TMA you also become a member of your county medical society.

As a medical student, you are eligible for FREE membership in the Texas Medical Association and your county medical society. Activate your membership today by completing the application below. Send your application and dues, if applicable, to: TMA, 401 W. 15th Street, Austin, TX 78701.

Please print legibly. This information will be used to distribute your member benefits such as Texas Medicine Magazine and JAMA.

Form fields including: MD/DO/MD/PhD, Social Security Number, Degree Sought, Female/Male, Last Name, First Name, Middle Initial, Maiden Name, Current Address, Apt. Number, City, State, Zip, Phone Number, E-mail Address, Other Names Under Which You Are Legally Registered, Ethnicity, Birthdate, Birthplace, Spouse's Name, Medical School, Estimated Graduation Date.

I hereby apply for membership in the \_\_\_\_\_ County Medical Society 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.

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 also 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 Practitioner Data Bank through the Texas Medical Board within 15 days of the date that all due process rights have been exhausted.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Medical Student Elected/Rejected \_\_\_\_\_, 20\_\_\_\_ County Medical Society Official \_\_\_\_\_

Three great memberships! The TMA and County Medical Society student memberships are FREE. AMA offers a special student rate.



Yes! I wish to activate my FREE Texas Medical Association and County Medical Society memberships.

FREE!



Yes! I wish to join the American Medical Association, too. (Receive a free copy of a medical resource book if you join for four years through your AMA-MSS chapter.) My AMA dues are included with this application for my FREE CMS and TMA memberships.

- 4 years.....\$68, 2 years.....\$38, 3 years.....\$54, 1 year.....\$20

Check, Credit card: American Express, MasterCard, Optima, Visa

Credit Card #: [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] Exp. Date \_\_\_\_\_ MONTH / YEAR

Print Name

Sign Name