

V. Membership Dues

The next page lists full-year dues amounts required by TMA.

Delinquent and Drop Dates

Members whose dues are not paid are **considered delinquent on Feb. 1** and are **dropped from membership on March 1**. Physicians who are dropped from membership for nonpayment of dues in March may reinstate their membership by paying **full-year dues** by Dec. 31.

Reduced Dues (Half-Year Dues)

Dues are reduced by one-half for physicians who join as new members **after June 1**, as they will only receive benefits for six months.

First-Year Rate

A physician who joins the association as a new member after June 1 in the same year that residency or fellowship training or active military service is completed will owe one-half of the first-year rate for the balance of that year and will be assessed the full first-year rate the following year.

Example: A physician completes his or her training or military service in June 2009. The physician owes \$119.25 for the balance of 2009 and \$238.50 for 2010. In 2011, the physician will be assessed the second-year rate.

Physician members who complete their training or military service at mid-year and are elevated to Active membership will not owe additional dues for that same year. This rule is applicable when the physician is relocating to the jurisdiction of another county medical society as well as when he or she is remaining in the same county medical society.

Example: A Resident member of Harris County Medical Society in Houston completes his or her training in June 2009 and relocates to Tyler, to open a practice. The county medical society in Tyler processes the application for Active membership but will not collect additional dues for 2009. The physician will be eligible for the first-year rate of \$238.50 for 2010.

Delinquent members (those dropped for nonpayment of membership dues) are **not** eligible for half-year dues. They must pay full-year dues to be reinstated.

All dues amounts should include TMA + CMS dues. If you are unsure about your CMS dues schedule, please call: **TMA Membership Operations at (800) 880-1300, ext. 1439, 1438, 1442, or 1430** (director of department).

1. TMA Membership Dues Schedule (2012)

<u>Membership Type</u>	<u>TMA Dues</u>
Active (Regular)	\$513.00
Active-First Year	\$256.50
Active-Second Year	\$513.00
Retired/Honorary/Life/Emeritus	Exempt
Leave of Absence	
1. Resident	Exempt
2. Missionary	\$ 30.00
3. Military	\$ 30.00
4. Military Resident	\$ 30.00
5. Foreign Civil Service	\$ 30.00
6. Illness	\$ 30.00
7. Sabbatical	\$ 30.00
Affiliate	\$256.50
Associate	\$256.50
Military	\$ 50.00
Resident/Intern/Fellow	\$ 20.00
Medical Student	Exempt



2. Member Record Changes

Member Record Change Form (See page 71.)

This multipurpose form is used to notify TMA of changes in a member's record such as name, address, membership status, and membership discontinuations. The front of this form is for changing a member's name, address, or membership status. The back is for membership discontinuation, e.g., retirement, moved out of state, deceased.

1. Name Changes

Name changes for licensed physicians require documentation that the physician's name has been changed with the Texas Medical Board.

2. Address Changes

When submitting address changes, please indicate whether the new address is the home or office address. Address changes received that are not specified as home or office will be considered a home address and will not be released.

3. Membership Status Changes

Elevations to Retired, Life, and Honorary membership require a nomination form as outlined in Processing Membership Applications in the previous section.

Elevations to Emeritus membership require that the physician's curriculum vitae be forwarded to the TMA Board of Councilors, as outlined in Processing Membership Applications in the previous section.

4. Membership Discontinuation

This form is used to report physicians and medical students who discontinue membership in the county medical society. Please provide the date of discontinuation and new address whenever possible.

When reporting the death of a member, provide the date of death and name and address of the next of kin, if available.

5. Delinquent and Drop Dates

Members whose dues are not paid are considered delinquent members on Feb. 1 and are dropped from membership on March 1. Physicians who are dropped from membership for nonpayment of dues in March may reinstate their membership by paying full-year dues by Dec. 31.

It is not necessary to send a Member Record Change form on physicians who are dropped for nonpayment of dues in March.

This multipurpose form is used to notify TMA of changes in a member's record such as name, address, membership status, and membership discontinuations. The front of this form is for changing a member's name, address, or membership status. The back is for membership discontinuation, e.g., retirement, moved out of state, deceased.

3. To Post TEXPAC Contributions (For Medical Societies With Remote iMIS Capabilities)

Use the product code TXPC on all TEXPAC contributions unless the payment is made with a corporate check or corporate charge card; if payment is made with one of these, use product code TXPC-Corp. Federal law requires that TEXPAC keep corporate funds separate.

Post the any alliance TEXPAC contribution to the alliance member not the physician. If a physician pays the \$50 for alliance TEXPAC and has no spouse, apply the \$50 to the physician's record. Post these payments to product code alli-txpc.

300 Club contributions should be entered as one payment of \$300 and not split into multiple payments unless the physician or alliance member contributes to the 300 Club in multiple payments.

The Capital Club level (\$1,000) is a joint membership level and covers membership for both the physician and his or her spouse. The entire \$1,000 payment should be applied to the member who makes the dues payment; the spouse's activity record will be updated via a nightly subroutine in iMIS.

TMA and TEXPAC no longer collect dues on behalf of AMPAC, the political action committee of AMA. Members who wish to contribute to AMPAC must do so directly via www.ampaonline.org.

TEXPAC contributions should be posted as soon as possible. According to Federal Election Commission regulations, contributions must be forwarded within 10 days of receipt if the contribution exceeds \$50. For amounts under \$50, the contributions must be forwarded within 30 days. (See FEC regulations 102.8[a] and [b].)

Additionally, TEXPAC electronically reports to the Texas Ethics Commission on the fifth of each month. These reports include all contributions made to TEXPAC for the reporting period that has just ended. (Example: March 26-April 25 reporting period is due on May 5.) TMA reports to the Federal Election Commission on a quarterly basis. (Example: Jan. 1-March 31 is due on April 15.) It is important to have all TEXPAC contributions entered into iMIS so that TMA reports are accurate; inaccurate reports may incur large financial penalties.

The TEXPAC disclaimer must be included on every dues statement or marketing piece promoting TEXPAC. This disclaimer changes frequently to comply with increasingly complex legal requirements. Prior to each dues year, be sure that you have a copy of the most current disclaimer.

The disclaimer for the 2011 dues year should read as follows:

Texas Medical Association Political Action Committee (TEXPAC) is a bi-partisan political action committee of TMA and affiliated with the American Medical Association Political Action Committee (AMPAC) for congressional contribution purposes only. Its goal is to support and elect pro-medicine candidates on both the federal and state level. Voluntary contributions by individuals to TEXPAC should be written on personal checks. Funds attributed to individuals or professional association (PAs) that would exceed legal contribution limits will be placed in the TEXPAC administrative account to support political education activities. Contributions are not limited to the suggested amounts. TEXPAC will not favor or disadvantage anyone based on the amounts or failure to make contributions. Contributions are subject to the prohibitions and limitations of the Federal Election Campaign Act.

Contributions or gifts to TEXPAC or any CMS PAC are not deductible as charitable contributions or business expenses for Federal income tax purposes. Only contributions to the TMA Foundation, any CMS foundation and The Physicians Benevolent Fund are deductible as charitable contributions for Federal income tax purposes.

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. To satisfy this regulation, please include your occupation and employer information in the space provided. Contributions from a practice business account must disclose the name of the practice and the allocation of contributions for each contributing owner. Should you have any questions, please call TEXPAC at (512) 370-1361.

Occupation: _____

Employer: _____

Self-Employed: _____

Other: _____

Active Membership Application



Physicians Caring for Texans

TMA/County Medical Society Membership Application

For CMS use only: Date Recv'd. _____ Date Comp. _____ IMIS# _____

For TMA use only: ME# _____ IMIS# _____ RC _____

Membership Type: Resident Active Military Associate

I will arrive in: _____ County _____ on _____ Date _____

BIOGRAPHICAL DATA	Name: Last _____ First _____ Middle _____ Suffix _____ Degree _____ Gender _____							
	<input type="checkbox"/> Office Address (check if this is your preferred contact address)		Street _____	City _____	State _____	ZIP _____		
	Phone _____		Fax _____	E-mail _____				
	<input type="checkbox"/> Home Address (check if this is your preferred contact address)		Street _____	City _____	State _____	ZIP _____		
	Phone _____		Fax _____	E-mail _____				
	Date of Birth _____	Texas Medical License # _____	UPIN # _____	SSN # _____				
	Marital Status _____	Spouse's Name _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If married, is spouse also a physician?					
Company Name _____			Company Address _____					
SPECIALTY DESIGNATION	ECFMG # _____		Specialty: _____		Primary _____	Secondary _____		
	BOARD CERTIFICATIONS:							
	Specialty _____	Board Name _____			Certification Date _____			
PRIMARY PRACTICE	<input type="checkbox"/> Direct Patient Care		<input type="checkbox"/> Administration (non-clinical)		<input type="checkbox"/> Not in Patient Care		<input type="checkbox"/> Intern	
	<input type="checkbox"/> Direct Patient Care and Teaching		<input type="checkbox"/> Full Time Teaching (non-clinical)		<input type="checkbox"/> Military		<input type="checkbox"/> Resident	
	<input type="checkbox"/> Direct Patient Care and Research		<input type="checkbox"/> Research (non-clinical)		<input type="checkbox"/> Veterans Affairs		<input type="checkbox"/> Fellow	
	<input type="checkbox"/> First Year in Practice							
EDUCATION	Institution _____	Address _____	City _____	State _____	ZIP _____	Degree _____	Grad. Date _____	
POST GRADUATE TRAINING	Address _____		City _____	State _____	ZIP _____	Specialty _____	Inclusive Dates _____	
	Internship Facility _____							
	Residency Facility _____							
	Residency Facility _____							
	Other Post-Graduate Training _____							
PREVIOUS PRACTICE	Organization _____	City _____	State _____	ZIP _____	Inclusive Dates _____	Reason for Leaving _____		
HOSPITAL AFFILIATIONS	Hospital _____	City _____	State _____	ZIP _____	Type of Appt. _____	Inclusive Dates _____		

Active Membership Application *(continued)*

**FORMAL DISCIPLINARY ACTION
(Required)**

	Yes	No
Have you ever had an application for membership in a medical society rejected?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime, other than a non-felony motor vehicle violation?	<input type="checkbox"/>	<input type="checkbox"/>
Has your medical license ever been revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subjected to disciplinary action by any of the following?		
Board of Medical Examiners	<input type="checkbox"/>	<input type="checkbox"/>
County/State Medical Society	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Medical Staff	<input type="checkbox"/>	<input type="checkbox"/>

**SIGNATURES & AUTHORIZATIONS
(A COPY SHALL SERVE AS ORIGINAL)**

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 Texas Medical Association and the Principles of the Medical Ethics of the American Medical Association.

In consideration of the _____ County Medical Society processing 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 further authorize disclosure of information generally considered to be reliable which has a bearing on my professional competence, character, and ethical qualifications to all hospitals, medical discipline boards, and medical licensure boards which request such information.

I hereby release, and hold harmless from liability or loss, the _____ County Medical Society, the Texas Medical Association, and any other County Medical Society to which I transfer, their officers, agents, employees, and members for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.

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.

Signature (required) _____ Date _____

APPROVAL OF BOARD OF CENSORS

We, your Board of Censors, have had the above application under consideration, and: Approve *or* Disapprove on _____ Date _____

Signature and Title

Signature and Title

Signature and Title

Signature and Title

Note: Membership becomes effective when application has been approved and dues have been paid to the association.

PAYMENT INFORMATION

TEXAS MEDICAL ASSOCIATION 401 West 15th St. Austin, TX 78701-1680 (880) 880-1300 Fax: (512) 370-1693

A physician becomes a member of the district medical society and the Texas Medical Association when joining the county medical society, as 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 The Texas Medical Association 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 AMEX Discover

Name as it appears on card _____

Credit card number _____ Expiration date _____

Signature (required) _____

PLEASE SUBMIT PAYMENT WITH MEMBERSHIP APPLICATION

Retired Membership Application



Physicians Caring for Texans

Nomination for Retired Membership

This form is to be completed by an officer or executive of the county medical society. The original should be forwarded to the TMA Membership Department. A copy should be retained by the county society. **Applications must be received before April 1** to obtain dues-exempt status for the year.

Requirements: Retired applicants must be retired from the active practice of medicine.

Privileges: Retired members shall be entitled to all of the privileges of TMA membership except the right to vote, hold office, or serve as a delegate or alternate delegate to the association.

The _____ County Medical Society met on _____ 20____ and nominated the following member for Retired membership:

Name	_____	Birthplace	_____
Home address	_____	Birth date	_____
City	_____	State	_____
	_____	ZIP	_____

Please complete the following information for the computation of total years in organized medicine, as applicable:

Member of this society: _____
No. of years _____ from _____ to _____

Member of other Texas county medical societies:

Name of society _____ No. of years _____ from _____ to _____

Name of society _____ No. of years _____ from _____ to _____

Member of other state medical associations:

Name of state association _____ No. of years _____ from _____ to _____

Name of state association _____ No. of years _____ from _____ to _____

Years served in U.S. Armed Forces as a physician:

Branch of service _____ No. of years _____ from _____ to _____

Total years in organized medicine: _____

Date retired from active practice _____ .

As provided by the Constitution and Bylaws of the Texas Medical Association, the nomination is submitted for the following reasons:

Applicant is a member in good standing with dues paid for the year 20 _____ .

Signed _____ Date _____

22904.T3275.7/2010

Honorary Membership Application



Physicians Caring for Texans

Nomination for Honorary Membership

This form is to be completed by an officer or executive of the county medical society. The original should be forwarded to the Executive Staff of the TMA Board of Councilors. A copy should be retained by the county society. **Applications must be received before April 1 to obtain dues-exempt status for the year.**

Requirements: Honorary applicants must have reached a point of comparative inactivity (to be determined by the county medical society) in the practice of medicine and must have rendered outstanding service to organized medicine or made noteworthy contributions to scientific medicine.

Privileges: Honorary members shall be entitled to all of the privileges of membership except the right to vote, hold office or other elective position, or serve as delegate or alternate delegate to the association. However, upon election to honorary membership, the physician so elected may retain these rights by immediately paying current dues in the same amount as required of regular members.

The _____ County Medical Society met on _____, 20____, and nominated the following member for Honorary membership.

Name _____ Birthplace _____

Home address _____ Birthdate _____

Member of this society

_____ # of years _____ from _____ to _____

Member of other Texas county medical societies:

_____ Name of Society # of years _____ from _____ to _____

_____ Name of Society # of years _____ from _____ to _____

Please report offices in local, state, or national medical societies:

Membership in other professional and/or specialty organizations:

Qualifications for Honorary Membership (see reverse side of this page for Guidelines).

Honorary Membership Application *(continued)*

Please use additional sheets for description of qualifications and attach letters of recommendation if required.

Date retired from active practice _____ or

Date practice reduced _____.

Applicant is a member in good standing with dues paid for the year 20 _____. It is hereby requested that this nomination be placed before the House of Delegates at its next session.

Signed

Guidelines for Honorary Membership

The requirements for election of a physician to honorary membership in the Texas Medical Association are found in Section 1.203 of the TMA Bylaws and are printed on the front side of this form.

Honorary membership should reflect a career of distinguished and dedicated service by a physician to patients, colleagues, and the community over a period of years — not simply membership in medical and community organizations.

The Board of Councilors recognizes that determining eligibility for honorary membership requires a subjective evaluation. However, some structured objective eligibility criteria are necessary (1) to assure that honorary membership remains meaningful as a special status, and (2) to coordinate the dual responsibilities of county medical societies that nominate physicians and of the Board of Councilors, which makes recommendations to the House of Delegates.

The following guidelines are provided as suggested criteria. They are not intended to be inflexible requirements, but should help assure that the nominations of all honorary members reflect roughly equivalent levels of service and achievement.

1. Honorary membership should recognize a career of service and achievement in medicine. A significant portion — perhaps 40 percent — of a physician's career should have been spent in positions of leadership and service. While length of tenure in an organization is no longer a major criterion, it may be a factor. Alternatively, a meritorious career cut short by illness or disability may be recognized if it meets other criteria.
2. Compulsory or traditionally expected memberships on hospital medical staffs or in professional organizations should not be persuasive, although executive positions in such organizations would reflect outstanding or noteworthy service.
3. Distinguished civic service, such as election to a community's school board or its city council, or appointment to the board of a private organization devoted to improving public health, should be recognized if the service reflects honor upon the individual and enhances the public image of the profession.
4. Distinguished service in medical teaching or research should be recognized.
5. Active participation as a member of the councils or committees of major medical organizations should be recognized, especially if the physician has served as chair. Service as an officer of a state or nationwide medical organization also reflects the leadership qualities on which honorary membership is based.
6. However, honorary membership **also** should be available to a physician whose achievements are not usually listed in a curriculum vitae. A physician who has been dedicated "above and beyond the call of duty" to patients and who is held in special esteem or affection by patients or colleagues in the community will be eligible alongside others who have been more publicly active in medical, scientific, or civic organizations. Both careers reflect an excellent public image for the medical profession.

County societies that nominate a physician based upon these more personal and non-organizational criteria bear a special responsibility to assemble a convincing body of laudatory letters and other documentation to assist the Board of Councilors in its deliberations.

The TMA Bylaws require that nominations for honorary membership originate with county medical societies. However, the Board of Councilors acts as a reference committee to make recommendations to the TMA House of Delegates. A county medical society that submits a nomination also must collect and provide appropriate and verified information to support that nomination. The Board of Councilors will then have access to the most complete body of information available on which to base its recommendations to the House of Delegates. If a county society does not provide information sufficient to support a nomination, the Board of Councilors may be forced to recommend that the House defer action on the nomination.

Life Membership Application



Physicians Caring for Texans

Nomination for Life Membership

This form is to be completed by an officer or executive of the county medical society. The original should be forwarded to the TMA Membership Department. A copy should be retained by the county society. **Applications must be received before April 1** to obtain dues-exempt status for the year.

Requirements: Life applicants must have reached a point of comparative inactivity (to be determined by the county medical society) and must have been dues-paying members of organized medicine for 35 years, of which 25 years must have been dues-paying years in TMA and its component county societies.

Privileges: Life members shall be entitled to all of the privileges of TMA membership except the right to vote, hold office or other elective position, or serve as a delegate or alternate delegate to the association.

The _____ County Medical Society met on _____ 20_____, and nominated the following member for Life membership:

Name _____		Birthplace _____	
Home address _____		Birth date _____	
City _____	State _____	ZIP _____	

Please complete the following information for the computation of total years in organized medicine, as applicable:

Member of this society: _____
 No. of years _____ from _____ to _____

Member of other Texas county medical societies:

Name of society _____ No. of years _____ from _____ to _____

Name of society _____ No. of years _____ from _____ to _____

Member of other state medical associations:

Name of state association _____ No. of years _____ from _____ to _____

Name of state association _____ No. of years _____ from _____ to _____

Years served in U.S. Armed Forces as a physician:

Branch of service _____ No. of years _____ from _____ to _____

Total years in organized medicine: _____

Date retired from active practice _____ or Date practice reduced: _____

Applicant is a member in good standing with dues paid for the year 20 _____ .

Signed _____ Date _____

22906.T3277.7/2010

Leave of Absence Membership Application



Physicians Caring for Texans

Leave of Absence Membership Application

TEXAS MEDICAL ASSOCIATION 401 WEST 15TH ST. AUSTIN, TX 78701-1680 (512) 370-1441 FAX: (512) 370-1631

Please complete the information below and submit this application to your county medical society for approval.

Name _____ License No. _____

Current Address _____ City _____ ZIP _____

County Medical Society _____

I am applying for Leave of Absence Status in the following category:

- Resident*
- Missionary
- Military
- Military Resident*
- Civilian Service
- Sabbatical
- Illness
- Family Leave

Please indicate preferred mailing address while on leave:

Address _____ City _____ ZIP _____

Telephone Number _____ Fax Number _____

Country _____

Expected length of LOA status _____

Specialty _____

*Name of facility _____

Address of facility _____

Member Signature _____ Date _____

County Medical Society Approval _____ Date _____

22907.T3278.7/2010

Member Record/Status Change Form



Physicians Caring for Texans

Member Record Change Form

TEXAS MEDICAL ASSOCIATION 401 WEST 15TH ST. AUSTIN, TX 78701-1680 (512) 370-1441 FAX: (512) 370-1631

County Medical Society _____ Date _____

Submitted by _____ Title _____

Member Name _____ Lic # _____

Complete only those sections which apply:

1) Name/License Number Change

Name _____ Lic # _____

2) Address Change Please indicate preferred mailing address by checking one of the boxes.

Office Address 1 _____
Street _____ City _____

State _____ ZIP _____ Area code and phone number _____

Office Address 2 _____
Street _____ City _____

State _____ ZIP _____ Area code and phone number _____

Home Address _____
Street _____ City _____

State _____ ZIP _____ Area code and phone number _____

NOTE: If member has moved into an adjacent county, will he or she remain a member of your society? Yes No

3) Membership Status Change

Prior Type:

- Active
- Associate
- Military
- Leave of Absence/Resident
- Leave of Absence/Missionary
- Leave of Absence/Military
- Leave of Absence/Foreign Civilian Service
- Leave of Absence/Temporary Illness
- Leave of Absence/Sabbatical
- Resident
- Student
- Other, please specify _____

Change to:

- Active*
- Associate*
- Military*
- Leave of Absence/Resident/Fellow
- Leave of Absence/Missionary
- Leave of Absence/Military
- Leave of Absence/Foreign Civilian Service
- Leave of Absence/Temporary Illness
- Leave of Absence/Sabbatical
- Resident*
- Student*

***Note: Candidates applying for Active, Resident, Student, Associate, and Military membership must submit applications. Active applicants must complete ethics requirements.**

Member Record/Status Change Form *(continued)*

Member Record Change Form

County Medical Society _____ Date _____

Submitted by _____ Title _____

Member Name _____ Lic # _____

4) Membership Discontinuation

_____ Effective Date

Retired*

Nonpayment of dues

Resigned, state reason: _____

Moved out of state

Please provide us with any information you might have on a new address.

Street _____ City _____ State _____ ZIP _____

Deceased

_____ Date of death

_____ Next of kin _____ Relationship _____

Street _____ City _____ State _____ ZIP _____

***Retired physicians may be eligible for dues exempt status. The county medical society must initiate nominations for exempt membership categories. Contact the Texas Medical Association Membership Department for application forms.**

Texas Medical Association

Membership Department

401 West 15th St.

Austin, TX 78701-1680

(512) 370-1441

Fax: (512) 370-1631

Student Membership Application



Physicians Caring for Texans

401 W. 15th St.
Austin, TX 78701-1680
(512) 370-1300

Medical Student Membership Application

_____ County Medical Society

Welcome! The Texas Medical Association is an organization of physician and medical student members, working to promote excellence and professionalism in medicine. Because county medical societies are chartered by the association, when you join TMA you also become a member of your county medical society.

As a medical student, you are eligible for membership in YOUR professional organization. Activate your FREE student memberships in your county medical society and the Texas Medical Association today! We encourage you to join the American Medical Association too! Simply complete the application below. Send your application and dues, if applicable, to: TMA, 401 West 15th Street, Austin, Texas 78701.

Please print legibly. This information will be used to distribute your member benefits such as *Texas Medicine* Magazine and JAMA. Please make sure all information is complete.

<input type="checkbox"/> MD		<input type="checkbox"/> DO		<input type="checkbox"/> MD/PhD		<input type="checkbox"/> Female		<input type="checkbox"/> Male		
Social Security Number				Degree Sought						
Last Name			First Name		Middle Initial		Maiden Name			
Current Address						Apt. Number				
City			State			Zip				
Phone Number			Birthdate (MM/DD/YY)			E-mail Address				
Other Names Under Which You Are Legally Registered						Ethnicity – optional (aggregate demographic purposes only)				
Birthplace: City		State			Country					
Spouse's Name, If Married							<input type="checkbox"/> Yes <input type="checkbox"/> No			
							(Is spouse also a medical student/physician?)			
Medical School				Student Box #			Estimated Graduation Date			

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



Physicians Caring for Texans

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 _____

PLEASE SIGN FORM ON THE REVERSE SIDE.

Student Membership Application *(continued)*

AMERICAN MEDICAL ASSOCIATION PRINCIPLES OF MEDICAL ETHICS

Under the Texas Medical Association Constitution, all members "shall subscribe to the Principles of Medical Ethics of the American Medical Association" hence, the Board of Councilors looks to these Principles as guidance in the rendering of its opinions.

Preamble:

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

- I. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character and competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and of other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- V. A physician shall continue to study, apply and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
- VII. A physician shall recognize a responsibility to participate in activities contributing to an improved community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

Code of Ethics

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 Texas Medical Association and the Principles of the Medical Ethics of the American Medical Association.

In consideration of the _____ County Medical Society processing 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 further authorize disclosure of information generally considered to be reliable which has a bearing on my professional competence, character, and ethical qualifications to all hospitals, medical discipline boards, and medical licensure boards which request such information.

I hereby release, and hold harmless from liability or loss, the _____ County Medical Society, and the Texas Medical Association, and any other County Medical Society to which I transfer, their officers, agents, employees, and members for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and hereby release from any liability any and all individuals and organizations, who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character and other qualifications for membership.

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 State Board of Medical Examiners 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