TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

Lisa R. Nash, DO
Chair, TMA Subcommittee for Academic Physicians

As the current chair, and representative for our institution on Texas Medical Association's Subcommittee for Academic Physicians, I would like to personally invite you to join me as a member of the Texas Medical Association, the only professional physicians' organization in the state that represents **all physicians — in all specialties — across all practice settings.**

This means **TMA is dedicated to serving you.** TMA continues to fight for and win on behalf of Texas physicians on issues that really matter to us. In areas of particular concern in the academic community, such as funding all levels of medical education, TMA monitors legislation to determine its potential impact, and to ensure that Texas remains a premier state in the education of future physicians, support for academic research, and provision of quality patient care.

Additionally, TMA offers:

- Customized updates on issues that are relevant to you as a member of the healing arts and as a teacher of future physicians. Timely topics are covered in e-newsletters such as *It's Academic*, and through our award-winning monthly magazine, *Texas Medicine*.
- Recognition of exceptionally accomplished leaders in academic medicine through the TMA Award for Excellence in Academic Medicine.
- Educational conferences three times per year where academic physicians can receive continuing medical education credit on emerging issues and relevant topics for medical practice in Texas.
- Personalized practice consulting services to help you comply with federal and state regulations, and maximize billing.
- Access to Texas Medical Association Insurance Trust's **long-term disability plan**, a plan most academic physicians feel is superior to others. TMA membership is required to qualify for this coverage.
- Much more: **visit www.texmed.org/benefits** to see all that TMA has to offer in support of Texas physicians.

Visit our website: www.texmed.org/Subcommittee_for_Academic_Physicians to learn more about the subcommittee and our recent activities on behalf of physicians in academic medicine.

Read the state's Medical Education and Physician Workforce Consensus Statement, developed by TMA in partnership with our institution and every other Texas academic health center.

Join TMA and your local county medical society**.** On the reverse side, you will find an application for membership in TMA and your county medical society. You can also visit **www.texmed.org/join** to apply online.

Funds may be available within your department or our institution to cover the cost of your membership. Please check with your department administrator or chair to see if this is applicable to you.

TMA provides great value to academic physicians, and I welcome your feedback on how we can continue offering distinctive solutions to the challenges you face. Won't you join me as a TMA member, and help shape the future of Texas medicine?

Sincerely,

Lisa R. Nash D.O.

Lisa R. Nash, DO
Chair, TMA Subcommittee for Academic Physicians
Lisa.Nash@unthsc.edu

TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

Texas Medical Association
401 West 15th Street
Austin, TX 78701-1680

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 E-mail

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

Home Phone | Home Fax | Home E-mail

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

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

Practice Name | Specialty: 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

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

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. 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 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.

Physician Signature (required) _____ Date_____

APPROVAL OF BOARD 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 ◯ AMEX

☐ Automatic Dues Renewal: By checking "Automatic Dues Renewal," I authorize TMA to retain my credit card information securely and to charge my credit card to pay my membership dues annually.

Name as it appears on card_____ Credit card number _____ Expiration date _____

Signature (required)_____

PLEASE SUBMIT PAYMENT WITH MEMBERSHIP APPLICATION TO:
Texas Medical Association, 401 W. 15th St., Austin, TX 78701-1680 Phone: (800) 880-1300 Fax: (512) 370-1631