


NOTE: There are two ways to fill out this form:

1. Save this document as a PDF to your computer BEFORE editing the fields. Then open the saved PDF on your computer, fill out the form, resave, and return to TMA staff.
2. Fill out the document online, then click on the “Print”  icon (top right corner in Chrome) and under destination select “Save as PDF.” Return this saved version to TMA staff.

Thank you!

RECOMMENDATIONS FOR TMA COUNCILS AND COMMITTEES

Your name _____

Specialty society _____ Position _____
(President, Secretary, Delegate, etc.)

RECOMMENDATION FOR COUNCIL/COMMITTEE ON: _____

Name _____ Specialty _____

Address _____

City/State/Zip _____

Past and/or present relevant activities in county society, specialty society, etc.:

RECOMMENDATION FOR COUNCIL/COMMITTEE ON: _____

Name _____ Specialty _____

Address _____

City/State/Zip _____

Past and/or present relevant activities in county society, specialty society, etc.:

RECOMMENDATION FOR COUNCIL/COMMITTEE ON: _____

Name _____ Specialty _____

Address _____

City/State/Zip _____

Past and/or present relevant activities in county society, specialty society, etc.:

Please return this form to:

Texas Medical Association
Attn: Linda Neely
401 West 15th Street, Ste. 100
Austin, Texas 78701-1680
Fax: (512) 370-1693
linda.neely@texmed.org