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

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: 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.:	Your name		
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City/State/Zip	Name	Specialty	
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AddressCity/State/Zip	RECOMMENDATION FOR COUNCI	L/COMMITTEE ON:	
City/State/Zip	Name	Specialty	_
	Address		
Past and/or present relevant activities in county society, specialty society, etc.:	City/State/Zip		
	Past and/or present relevant activities	s in county society, specialty society, etc.:	

Please return this form to: Texas Medical Association

Attn: Linda Neely
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Austin, Texas 78701-1680
Fax: (512) 370-1693
linda.neely@texmed.org