RESIDENT AND FELLOW EXCLUSIVE BENEFITS

The Resident and Fellow Section (RFS) is an organized membership section of TMA that helps address issues unique to Texas resident physicians, and provides a forum for residents, fellows, and other members to communicate. Participation in the RFS is a complimentary benefit of your TMA membership.

RESOURCES FOR SURVIVING RESIDENCY

• Medical licensing and credentialing information (e.g., Texas Jurisprudence Manual and Style Guide and FAQs to help you through the licensure process);
• Education opportunities, including a resident video library covering business-of-medicine topics;
• Exclusive access to the association’s expertise in health care, health law, practice management, medical economics, and public health via the TMA Knowledge Center;
• Legislative advocacy on issues important to residents;
• A dedicated resources page for residents at www.texmed.org/Residents; and
• Low interest rates on resident and graduate medical education loans.

OPPORTUNITIES FOR LEADERSHIP

• Elected leadership positions on the RFS Executive Council, which guides the activities of the section;
• Slotted seats for RFS members to sit among top physician leaders on a TMA board, council, or committee in your area of interest; and
• Three statewide conferences annually featuring RFS meetings, networking opportunities, and sessions to enhance your knowledge of the medical profession.

OUTREACH IN YOUR COMMUNITY

• TEXPAC, TMA’s political action committee, which actively endorses candidates for public office who support medicine’s agenda;
• First Tuesdays at the Capitol, TMA’s organized visits to legislators during the state legislative session;
• Local funding and support through TMA’s public health initiatives, such as Walk With a Doc, Hard Hats for Little Heads, and Be Wise — ImmunizeSM; and
• The American Medical Association, which strengthens the voice of medicine at the national level.

HELP WITH TRANSITIONING TO PRACTICE

• Free seminars on debt management, medical liability risk management, and new practice setup;
• Employment and recruitment contract negotiation guide;
• Professional liability insurance for moonlighting through the Texas Medical Liability Trust;
• Major medical, life, and disability insurance and financial services through TMA Insurance Trust; and
• Consulting services at below-market rates for expert advice in setting up and optimizing your new practice.

From residency to running your own practice, TMA is here for you at every stage of your career.

For more information, contact your RFS coordinator at RFSinfo@texmed.org or (800) 880-1300, ext. 1448.

Get Connected www.texmed.org @texmed @wearetma facebook.com/TexasResidents

Be Wise — Immunize is a service mark of the Texas Medical Association.
# TMA/County Medical Society Resident/Fellow Membership Application

**Membership Type:** ☑ Resident/Fellow

## BIOGRAPHICAL INFORMATION AND EDUCATION

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<th>If married, is spouse also a physician?</th>
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## MEMBERSHIP QUALIFICATION AND AUTHORIZATION

- Have you ever had an application for membership in a medical society rejected? [ ] Yes [ ] No

- Have you ever been convicted of a crime, other than a non-felony motor vehicle violation? [ ] Yes [ ] No

- Has your medical license ever been revoked or suspended? [ ] Yes [ ] No

- 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: ☐ Approves or ☐ Disapproves 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, 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 [ ] 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) __________________________