

TEXAS MEDICAL ASSOCIATION ALLIANCE

401 West 15th Street
Austin, Texas 78701

Harris County Medical Society Alliance Membership Application

Name: _____

Home address: _____

Home phone: (____) _____ Office phone: (____) _____

FAX: (____) _____ E-mail: _____

Spouse: _____

Spouse's Specialty: _____

2011 Dues:

Local..... \$45

TMAA..... \$40

TOTAL REQUIRED \$85

**AMAA..... \$50

TOTAL with AMAA..... \$135

**TEXPAC \$55

**Voluntary.

Please make check payable to TMAA and send to
TMAA, 401 West 15th Street, Austin 78701.

Thank you.



T E X A S
M E D I C A L
A S S O C I A T I O N
A L L I A N C E

Working for a Healthier Texas