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- TCMA
- AMAA
- TEXPAC

*For Official Use Only!*

**TCMA Membership Registration Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Spouse's name and specialty:** \_\_\_\_\_

**Membership options, please mark all that apply:**

\_\_\_ **\$55 Membership:** includes yearly dues for Travis County Medical Alliance and Texas Medical Association Alliance.

\_\_\_ **\$19.00 Associate Membership** for Intern, Resident, Medical Student or spouse: includes yearly dues for Travis County Medical Alliance and Texas Medical Association Alliance.

\_\_\_ **\$40 for optional membership** of American Medical Association Alliance, our umbrella organization which supports medical families on a national level.

\_\_\_ **\$50 for optional membership** of Texas Political Action Committee (TEXPAC), the lobbying group representing physicians' interests in Texas.

\$\_\_\_\_\_ **Total enclosed**, check payable to Travis County Medical Alliance.

\_\_\_ This is a **Dues Only** membership, I am not able to contribute my time but I support the Alliance with my dues.

Thank you for your membership!

Please mail this form, payment, and the committee sign-up sheet to Arden Harkins, 3627 Stoneridge Rd., Austin, TX 78746.