



HARRIS COUNTY MEDICAL SOCIETY & TEXAS MEDICAL ASSOCIATION 2011 MEMBERSHIP PAYMENT FORM

Thank you for applying for membership with the Harris County Medical Society and Texas Medical Association. If you have any questions, please contact the HCMS Membership Department at 713-524-4267.

2011 Membership Dues:

- **Regular Dues: \$736**
(Distributed as follows: Texas Medical Association \$501.00; Harris County Medical Society \$200.00; Houston Academy of Medicine \$35.00)
- **First Year In Practice Dues: \$368**
(Distributed as follows: Texas Medical Association \$250.50; Harris County Medical Society \$100.00; Houston Academy of Medicine \$17.50)
- **Resident Membership: \$40**
(Distributed as follows: Texas Medical Association \$10.00; Harris County Medical Society \$10.00)

Please complete the following:

Name: _____

Primary Practice Name: _____

Primary Practice Phone & Fax Numbers: _____

Primary Practice Address: _____

Primary Practice City, State & Zip: _____

To Pay by Credit Card:

- Fill out credit card information below and fax it to **713-526-1434** or **713-942-7072**.

Please Circle the type of Credit Card: MasterCard / Visa / Discover / American Express

Total Amount Charged: \$_____

Credit Card No. _____ Exp. Date: _____

Name as appears on credit card: _____

Signature: _____

To Pay by Check:

- Please make one check payable to the **Harris County Medical Society** and mail to 1515 Hermann Drive, Houston, TX, 77004.

All credit card information is privileged and confidential and will not be duplicated or distributed in any way.