

**2011 Instruction Sheet
for Membership Applications
in Harris County Medical Society**



The Harris County Medical Society (HCMS) welcomes your application for membership. Completing an application can be time consuming, and we want to accommodate you by simplifying the process as much as possible. If you have a curriculum vitae (CV) or any credentialing document listing the requested information, simply attach it to your membership application.

If you have any questions regarding your membership application, the HCMS membership office – 713-942-7059 – will be happy to assist you.

TIMELINE: Membership application processing is usually completed within 30 days. During the processing period, your name will be posted on the Harris County Medical Society Web site at www.hcms.org in the Membership section.

You are encouraged to check each item to make sure it is complete.

1. Please correct and complete all information (please print).
2. Applicants must have a Harris or contiguous county address – office or home – and a permanent Texas license prior to membership approval. If you have a copy of your permanent Texas license, please attach it to the application.
3. If you do not have a CV or credentialing document, please include all practice and/or training information and other activities for all periods of time since graduation from medical school, including any foreign training and/or practice.
4. The applicant must complete the “Formal Disciplinary Action” section, **sign and date the application.**
5. Physicians who currently hold membership in another county medical society need to contact Trent Wycoff at the Texas Medical Association, 1-800-880-1300, to transfer membership.
6. We need your photograph for our membership directory – the *HCMS Pictorial Roster*. The Roster is a valuable reference for medical colleagues, area pharmacists and hospitals for referral and verification purposes. To ensure consistency in the *Pictorial Roster*, we need a wallet-sized photograph in business attire. You may contact RCL Portrait Design, 1-800-866-5562, or contact the photographer of your choice. Please print your name on the back of the photograph.

You will receive annual complimentary copies of the Pictorial Roster as a benefit of membership.

7. A check for dues or credit card authorization must accompany the application.