



2019 MEMBERSHIP APPLICATION
Harris County Medical Society &
Texas Medical Association Membership



BIOGRAPHICAL DATA:

Last Name: First Name: Middle: Gender:
Date of Birth: Degree: Practice Name: Practice Administrator Name:
Individual NPI #: TX Medical License #: Specialty: Secondary Specialty:
Office Address: City: State: Zip:
Phone: Fax: Email:

I am re-joining HCMS/TMA at the encouragement of (name of individual if applicable):

FORMAL DISCIPLINARY ACTION:

Have you ever had an application for membership in a medical society rejected?
Have you ever been convicted of a crime, other than a non-felony motor vehicle violation?
Has your medical license ever been revoked or suspended?
Have you ever been subjected to disciplinary action by any of the following?
Board of Medical Examiners?
County/State Medical Society?
Hospital Medical Staff?

SIGNATURE AUTHORIZATION:

I hereby apply for membership in the Harris County Medical Society and Texas Medical Association and, if accepted, agree to abide by the subject terms and conditions of the Constitution and Bylaws of the Society and the Texas Medical Association and the Principles of the Medical Ethics of the American Medical Association.
In consideration of the Harris County Medical Society processing 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 further authorize disclosure of information generally considered to be reliable which has a bearing on my professional competence, character, and ethical qualification to all hospitals, medical discipline boards, and medical licensure boards which request such information. I also agree that the biographical information will be dismissed in accordance with the policy and procedures established by the TMA Council on Communication unless otherwise directed by me.
Signature (required) Date

PAYMENT INFORMATION:

If you have any questions, please contact the HCMS Membership Office at 713-524-4267.

A portion of your dues may be tax deductible as ordinary and necessary business expenses. \$20 of your Harris County Medical Society and Houston Academy of Medicine dues is allocated to the Harris County Physician Newsletter subscription. \$20 of your Texas Medical Association annual dues are allocated to the Texas Medicine subscription.

Regular Dues: \$818

Or pay with 7 interest free payments of \$116.86
Distributed as follows: TMA \$573.00, HCMS \$210.00, HAM \$35

First Year in Practice Dues: \$409

Or pay with 7 interest free payments of \$58.43
You are eligible for First Year in Practice dues if you are within your first year after completing your residency/fellowship program.
Distributed as follows: TMA \$286.50 HCMS \$105, HAM \$17.50

To Pay by Check:

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

To Pay by Credit Card:

Fill out credit card information below and fax it to HCMS at 713-528-0951. All credit card information is privileged and confidential and will not be duplicated or distributed in any way.

Choose your Membership Payment Option:

- Pay for My Membership in 7 Interest Free Payments (see installment terms on back of this page)
Pay for My Membership in Full with One Payment
Pay for My Membership in Full Automatically on an Annual Basis

PAYMENT INFO:

Credit Card Number: (Circle One) - MC DC Visa Amex Expiration Date:

Name on Card: Signature: Date: Amount:

~ FAX FORM TO HCMS AT 713-528-0951 ~

We, the Board of Ethics, Approve Disapprove this application. Chair Signature Date

Note: Membership becomes effective when application has been approved and dues have been paid.

Harris County Medical Society/Texas Medical Association Interest Free Installment Agreement/Membership Payment Form

By submitting this installment application, I understand that the Texas Medical Association (TMA) will make the initial charge to my credit card during the next scheduled installment process and then charge my card monthly per the number of installments listed above. The monthly charge will appear on my credit card statements as TMA and the statement will act as a receipt. After your last payment for your 2019 HCMS membership is complete, HCMS/TMA will notify you of any dues or membership changes and automatically renew your membership in HCMS and TMA for the following year. The process will be repeated at the end of each membership year.

Once your payments for the 2019 membership year have been completed, your monthly installment payments for 2020 will begin no earlier than October 1, 2019 (unless requested otherwise) and will end no later than Sept. 15, 2020. The same schedule will be maintained each year. By signing this form, you authorize the Texas Medical Association (TMA) to continue to charge your credit card per the terms above.

You can at any time resign from HCMS and TMA; however, monthly charges will continue until the end of your membership year. A resignation must be received in writing or faxed.

You agree to inform HCMS/TMA of any changes made to your credit card, such as a change in my account. If TMA is unable to successfully make a charge to your credit card, HCMS/TMA will contact you to make any changes or corrections to your record. After one month of non-payment your installment plan will be considered void, and you will be required to pay the balance in full immediately.

If you have any questions, please contact HCMS at 713-524-4267.