



2019 MEMBERSHIP PAYMENT FORM
Harris County Medical Society &
Texas Medical Association Membership



Please renew your membership with the Harris County Medical Society (HCMS) and Texas Medical Association (TMA).
If you have questions, please contact the HCMS Membership Office at 713-524-4267.

Physician Name: _____

Primary Practice Name: _____

Email Address: _____

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

PAYMENT INFORMATION:

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 8 interest free payments of \$102.25

Distributed as follows: TMA \$573.00, HCMS \$210.00, HAM \$35

First Year in Practice Dues: \$409

Or pay with 8 interest free payments of \$51.13

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 8 Interest Free Payments (see installment terms below)
Pay for My Membership in Full with One Payment, and
Please enroll me in the Automatic Renewal Program. I authorize TMA to retain my credit card information securely to charge my credit card to pay my membership annually.

PAYMENT INFO:

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

Name on Card: _____ Signature: _____ Date: _____ Amount: _____

Please email receipt to: _____

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

By choosing to pay in installments, 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 have been completed, your monthly installment payments for the full year of 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.