



TPS ACTIVE Membership Fee is only \$220!

Mail in a check with the application, fax or call to pay over the phone with a VISA, Discover, or MasterCard. OR visit <http://www.txpeds.org/how-to-join-tps>

Name: _____ MD DO
(First) (Last) (Middle)

Preferred Name (i.e. nicknames, hyphenated names, first and middle as one name): _____

Institution/Office: _____

Office Address: _____ City: _____ ZIP: _____

Office Phone: _____ Office Fax: _____

Home Address: _____ City: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Preferred E-mail: _____ Alternate e-mail: _____

Preferred Mailing Address (Please circle one): Office Home Preferred Billing Address: Office Home

Date of Birth: _____ Male Female TX Medical License #: _____

Education (List institution and dates attended)

Medical: _____ Dates: _____

Residency: _____ Dates: _____

Fellowship: _____ Dates: _____

Primary Board Certification: _____ Sub-Board/ Specialty: _____

Are You an America Academy of Pediatrics (AAP) Member? Yes No ID# _____

To better serve our members and continue to recruit and retain new members, please tell us how you heard about TPS and why you joined.

- Check (included)
- VISA
- MasterCard
- Discover

Please Return with Payment
Texas Pediatric Society
Attention: Membership Department
401 West 15th Street, Ste 682|Austin, Texas 78701-1665
Phone (512) 370-1517 Fax (512) 473-8659

Card #: _____ Exp. Date: _____ CID(3 digits on back of card): _____

Name as it appears on card: _____

Billing Address (if different from above): _____
Address City/State ZIP