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

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

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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)
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