



Working for a Healthier Texas

2018 Membership Application

Over 100 years of building friendships and giving to the community!

Bexar County Medical Society Alliance &

Texas Medical Association Alliance

Name: _____ Birth Date: _____ (Day/Month)

Home address: _____ Home Phone: _____

City: _____ State: ___ Zip: _____ Cell Phone: _____

Email: _____

(Important . . .most correspondence is sent via email. Thank you!)

Spouse's Name: _____

Spouse's Specialty: _____

2018 Dues Schedule

BCMSA (\$35.00) + TMAA (\$50.00) for **Regular Members** _____ **\$85.00**

BCMSA (\$25.00) + TMAA (\$50.00) for **Members 65 and older** _____ **\$75.00**

BCMSA (\$25.00) + TMAA (\$10.00) for **Widows** _____ **\$35.00**

BCMSA (\$6.00) + TMAA (\$1.00) for **Members in Training**
(Medical School, Residency, Fellowship) _____ **\$7.00**

**State and Local dues are required for membership*

****Voluntary**

**TEXPAC\$55

Please make your check payable to TMAA and send to:

TMAA, 401 West 15th Street, Austin, TX 78701.

If you wish to pay your dues by credit card, please call Judy Julian at 800-880-1300, ext. 1331 during regular business hours, 8:15 AM – 5:15 PM, Monday-Friday.