

# TEXAS MEDICAL ASSOCIATION ALLIANCE

401 West 15th Street  
Austin, Texas 78701

## *Dallas County Medical Society Alliance Membership Application*

Name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Office phone: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Spouse: \_\_\_\_\_

Spouse's Specialty: \_\_\_\_\_

### **2017 Dues:**

#### **Regular Members**

**DCMSA, TMAA ..... \$100.00**

**Required for Membership**

#### **Spouses of retired physicians**

**DCMSA, TMAA ..... \$90.00**

**Required for Membership**

#### **Widowed Members**

**DCMSA, TMAA ..... \$50.00**

**Required for Membership**

#### **Optional items**

**\*\*Aldredge House Patron..... \$100.00**

**\*\*Edith Cavell Scholarship Fund ..... \$50**

**\*\*Benefactors Endowment Fund..... \$50**

**Newsletter Fee..... \$10**

**TEXPAC..... \$55.00**

\*\*Tax Deductible Item.

Please make check payable to TMAA and send to  
TMAA, 401 West 15<sup>th</sup> Street, Austin 78701. *Thank  
you.*