



Texas Medical Auditors Association
Membership Application for _____ (year)
Tax ID: 752127331

Today's date: _____ New Member Renewal

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-Mail: _____

Job Title: _____

RN LVN Other: _____ List credentials: _____

Number of years in Medical Auditing: _____ Internal External

Employer: _____

Street Address: _____

City, State, Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

_____ Please do not publish my contact information in the membership directory or newsletter

► **Committee Preference:** *(Rate top three preferences for serving. #1 being the most preferred)*

- ____ Continuing Education ____ Newsletter ____ Standards and Bylaws
- ____ Historian ____ Nominations
- ____ Membership ____ Programs ____ Event Planner

► **Leadership/Organizational Skills:** *(List positions held and/or qualities you possess)*

► **Annual Dues:** \$60.00

(Dues received prior to March 1st will be included in the current year's membership directory)

► **Mail membership application and annual dues to:**

TMAA - Membership Chairman
P.O. Box 790351
San Antonio, TX 78246

This application may be reproduced
Membership fees are non-transferable
Membership expires December 31st of each calendar year
Website address: www.TMAA.info

For Membership Chairperson Use

Date Received: ____/____/____

Amount: \$ _____

Check#: _____

Received by: _____

From: _____

Directory _____