



Dear CME Professional:

The Board of the Texas Alliance for Continuing Medical Education (TACME) invites you to join TACME for the 2011 calendar year. TACME is a non-profit Texas organization established to promote quality CME in the State of Texas. It also provides opportunities for professional growth and development to all professionals and representatives of companies involved in CME in Texas. To find out more about the organization, including many of the resources available to you, please visit our web site at www.tacme.org.

You may join or renew your membership online or by completing the attached form. All memberships are \$30 per person.

We encourage everyone to complete their membership form online, even if sending a check. Simply visit www.tacme.org and click "How to Join," in the left column.

If the online membership form is not completed, please complete the enclosed application and send it with your check to: Matthew Fleming, Antidote Education Company, 14850 Quorum Dr, Ste 325, Dallas, TX 75254

Forms may also be printed from the TACME web site.

The involvement of CME professionals that share ideas and learn from one another, makes this organization more beneficial as we move toward new goals and challenges. There are many opportunities to share your talents and participate. Membership is currently at an all-time high and we continue to grow every year. I invite you to come join us in 2011.

Sincerely,

A handwritten signature in black ink that reads "Casey Harrison". The signature is written in a cursive, flowing style.

Casey Harrison, President
TACME

Texas Alliance for Continuing Medical Education, Inc.
www.tacme.org

2011 MEMBERSHIP APPLICATION

Check Region:

_____ **Northeast**
(Dallas, Fort Worth, Tyler)

_____ **West**
(El Paso, Lubbock)

_____ **South**
(San Antonio, Austin,
Corpus Christi, McAllen)

_____ **Southeast**
(Houston, Galveston,
Beaumont)

TACME Membership Type: _____ Individual _____ Institutional _____ Emeritus*
(Membership dues are \$30.00 for each member; *Emeritus – TACME members for 7+ years and retired)

Institution Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Date: _____

Accreditation Status: ___ ACCME ___ TMA ___ Non-accredited

List Member Name(s): Please provide the name, title, phone number, fax number, and e-mail address for all individuals in an institutional or individual membership.

Name Title

Telephone/Fax E-mail

New TACME Member? ___ Yes ___ No If yes, referred by: _____

ACME (Alliance for Continuing Medical Education) Member? ___ Yes ___ No

Name Title

Telephone/Fax E-mail

New TACME Member? ___ Yes ___ No If yes, referred by: _____

ACME (Alliance for Continuing Medical Education) Member? ___ Yes ___ No

Name Title

Telephone/Fax E-mail

New TACME Member? ___ Yes ___ No If yes, referred by: _____

ACME (Alliance for Continuing Medical Education) Member? ___ Yes ___ No

TACME Taxpayer ID Number: 75-2742665

TACME Phone # 214-442-6231

Please complete and mail along with your check, made payable to TACME to:

Matthew Fleming # of members: _____ Amount Enclosed: \$ _____

Antidote Education Company
14850 Quorum Dr, Ste 325
Dallas, TX 75254