

Texas Alliance for Continuing Medical Education, Inc.  
[www.tacme.org](http://www.tacme.org)

2009 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  
(Membership dues are \$30.00 for each member)

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone/Fax

\_\_\_\_\_  
E-mail

New TACME Member? \_\_\_ Yes \_\_\_ No

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone/Fax

\_\_\_\_\_  
E-mail

New TACME Member? \_\_\_ Yes \_\_\_ No

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

TACME Taxpayer ID Number: 75-2742665

TACME Phone # 512.324.8202

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

Casey Harrison # of members: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_  
5732 Lomita Verde Circle  
Austin TX 78749