

Texas Alliance for Continuing Medical Education, Inc.

www.tacme.org

2010 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; no fee required for Emeritus status)

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 # 682.885.7961

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

Deb Jordan # of members: _____ Amount Enclosed: \$ _____

305 Pennsylvania Ave.
Kennedale, TX 76060