TAMU Medical & Dental Society
Membership Form and Dues Statement

Membership Profile

Name _____ M.D., D.D.S., MPH, Ph.D. Other_____ **(Circle)**

Specialty _____ Spouse's Name _____

(Check Preferred Mailing Address)

Home Address _____ City _____ State ____ Zip _____

Work Address _____ City _____ State ____ Zip _____

Home Phone # _____ Work Phone # _____

Fax # _____ E-mail Address _____

A&M Class Year _____ Did Not Attend TAMU ____

Do you have a student currently enrolled at Texas A&M?

____Yes ___No If yes Name_____ Year___

Annual Membership Dues *(TAX DEDUCTIBLE)* Amount $_____

$ 500 Board Members
$ 150 Members
$ 100 Medical/Dental School Faculty
$ 25 Students (Undergraduate, Dental, Medical, and Rural Public Health)

Endowment Fund Donation *(TAX DEDUCTIBLE)* Amount $_____

$ 100
$ 250
$ 500
$ _____ Other

Total Amount $ _____

Method of Payment

Check # _____ **Make checks payable to**: TAMU Medical & Dental Society

Credit Card _____ Master Card Card # _____ Exp. Date _____
_____ Visa Card # _____ Exp. Date _____
_____ Discover Card # _____ Exp. Date _____
_____ Amer. Express Card # _____ Exp. Date _____

Name as it appears on Credit Card _____

Signature _____

Shadowing Program (Student Mentoring) Are you interested in participating? Yes No

My contact person to arrange shadowing is _____

Phone # _____ E-mail Address _____

Please list other Aggies who may be interested in joining the TAMU Medical & Dental Society

1. _____ 3. _____
2. _____ 4. _____

The Society would like to thank you for your support by sending you a token of appreciation. Please check your choice:

TAMU Medical & Dental Society Lapel Pin **or** TAMU Medical & Dental Society Charm

Please return this form with Check or Credit Card payment to:
TAMU Medical & Dental Society, PO Box 14600, College Station, TX 77841-4600
or FAX this form with Credit Card information to: 979-458-0873