

Bell County Medical Alliance
DUES FORM and MEMBER DIRECTORY INFORMATION
2015-2016

DUES

	Regular Member BCMA \$40 TMAA \$50	Spouse of Retiree BCMA \$2 TMAA \$50	Surviving Spouse (Widow/Widower) BCMA \$2 TMAA \$10	Member-at- Large (Dental & Podiatry) BCMA \$40
REQUIRED Dues	90	52	12	40
Optional – City Federation \$20				
Total				

MEMBER INFORMATION

Member Name (as you want it to appear in the directory)

Street Address

City

State

Zip code

Home phone

Cell phone

Email

Birthday

SPOUSE INFORMATION

Spouse Name

Degree (circle all that apply) MD DO DDS DPM PHD

Specialty

Affiliation (circle one) Darnell Metro KD SW Seton VA Private

Work status (circle one) Active Retired Emeritus Deceased

Please complete this form and return it along with your check payable to **TMAA**
 Submit Payment Today or Mail to:
401 West 15th Street
Austin, TX 78701
ATTN: Judy Julian

Payable Upon Receipt