TEXAS ACADEMY OF PALLIATIVE MEDICINE

P. O. Box 127, Rockdale, TX 76567
Voice/Fax: 512-857-1233
email: tapm@earthlink.net
web: www.tapm.org

TAPM Membership Application & Contact Information Update

Name:*	
Organization:	
Professional designation:*	
Primary specialty or practice interest:	
Are you certified by ABHPM?* (American Board of Hospice & Palliative Medicine)	**YES __ / NO __**
Are you a member of AAHPM? (American Academy of Hospice & Palliative Med.)	**YES __ / NO __**
Preferred Mailing Address:* Check: _Office/ _Home/ _Other	
Preferred Mailing City, State, Zip:*	
Preferred Email*: TAPM will use this to contact you.	
Business phone:*	
Home phone:	
Fax:	
Alternate Mailing Address: Check: _Office/ _Home/ _Other	
Alternate Mailing City, State, Zip:	
Membership category:	**General __ / Associate __ / Medical Student-Resident-Fellow __** See TAPM Accomplishements Membership Benefits flyer for explanation

**** Indicates required information.***

Payment of Dues

Dues are payable annually by check to "TAPM", online using the PayPal payment link, or by credit card.

Amount due:

General Membership (Texas Physicians only): . . . . . $50 / y
Associate Membership: . . . . . $35 / y
Medical Student-Resident-Fellow: . . . . . no charge **Amt paid: $_____**

___Check ___PayPal ___AMEX ___MC ___Visa *Name of Cardholder:* _____

Credit Card #: _____ *Expires:* _____ *Card Billing Zip code*: _____

Signature: _____ *Phone if billing questions:* _____

For more information about TAPM,
please look at our website: www.tapm.org or email us at: tapm@earthlink.net
or mail us at: *TAPM, P. O. Box 127, Rockdale, TX 76567*