



Membership Application Texas Society for Medical Services Specialists

You are invited to invest in your professional development by joining the Texas Society for Medical Services Specialists. If you have questions about the application, call us at 972/755-2560. Return completed application and payment to:
TSMSS ❖ 4230 LBJ Freeway, Ste. 414 ❖ Dallas, Texas 75244

Name: _____

Credentials: _____

Title: _____

Hospital/Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Home Address (if preferred): _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

To which other professional organizations do you belong? Please list offices held: _____

Signature: _____ Date: _____

Referred by: _____

Please check the type of membership desired

Active (\$65): Anyone who has the responsibility for or is a student of administrative support/coordination of medical staff services for a health-related institution. Active members are eligible to vote and to serve as a TSMSS officer or director.

Corporate (\$175): Any business, firm, or corporation that produces products or services related to duties or activities of active members. Corporate members have one vote and are entitled to all benefits of membership except serving as TSMSS officer or director.

Government/Regulatory (\$35): Any individual who is associated with or has responsibility with any governmental or regulatory agency. Members who elect this category are not eligible to vote, serve on committees, or hold any office.

Facility - Active: (\$65 each for 1-2 members, \$55 each for 3-5 members, \$300 total for 6-10 members)

FACILITY - ACTIVE (\$65 each for 1-2 members, \$55 each for 3-5 members, \$300 total for 6-10 members) Facilities may purchase active memberships for a group of employees. Qualifications for a facility membership include:

*Same facility (not system); the same facility name must be on each individuals new member or renewal form.

*Same physical address.

*Dues for all individuals from the facility must be paid with one check or one credit card at the same time.

This membership remains with the facility and may be transferred to a new person when the member leaves the facility. Please list the names of each facility member in the space provided below.

Are you employed in a Managed Care setting? Yes No

Please check all areas in which you would like to serve

- Membership
- Vendors/Suppliers
- Newsletter
- Resource Library
- Chapter Development
- JCAHO: Joint Commission on Accreditation of Healthcare Organizations

Number of years experience in the Medical Staff Services or related profession: _____

Who pays your membership dues? Self Employer Shared by self and employer

Are you a member of NAMSS: Yes ___ No ___

Payment Information

I have enclosed a check for \$ _____ made payable to the Texas Society for Medical Services Specialists (TSMSS)

Please charge my credit card in the amount of \$ _____ as shown below:

MasterCard Visa AMEX Discover

Card Number: _____ Exp. Date: _____

Cardholder Name: _____

Cardholder Address: _____

Signature: _____

I authorize TSMSS to charge my credit card in the amount shown above.

The TSMSS membership year is January 1-December 31. Dues for first time Active Members who join May 1-June 30 are prorated to \$50 and those who join July 1-August 31 are prorated to \$35. Membership dues for applications received after September 1 will be at the full amount, effective for the remainder of the year and the succeeding membership year. Dues and payments to TSMSS are not deductible as charitable contributions for federal income tax purposes; however dues payments are deductible by members as an ordinary and necessary business expense. Contributions and gifts to TSMSS may qualify as charitable contributions for federal income tax purposes.

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