

Resident Membership Application

The Tennessee Medical Association and its chartered component medical societies are organizations for physicians licensed to practice medicine in Tennessee who care about the quality, enjoyment and profitability of their practices and the integrity of the profession of medicine. Membership entitles you to all advocacy, education and professional development resources.



For Physician in practice Resident/Fellow Medical Student

PERSONAL

First: _____ Middle: _____ Last: _____

Male Female Birth Date: _____ Last 4 of SS#: _____

MD DO TN Medical License #: _____ NPI #: _____

Medical School: _____ Graduation Year: _____

MEDICAL PRACTICE

Specialty: _____ Subspecialty: _____

Primary County of Practice: _____

ADDRESS/COMMUNICATIONS INFORMATION (Please check the preferred address for Association correspondence)

Primary Office Street/PO Box _____

City/State/Zip _____

Practice/Group Name: _____

Office Phone: _____

Office Fax: _____

Home Street/PO Box _____

City/State/Zip _____

Home Phone: _____

Mobile Phone: _____

Best Email: _____

(Please provide a personal or unique email to you, not a general practice email.)

Consent to receive email from TMA:

YES NO

HOW TO RETURN

MAIL: Tennessee Medical Association

701 Bradford Ave
Nashville, TN 37204

FAX: 615.312.1890

PHONE: 615.385.2100 for questions or assistance

WEB: Apply and pay dues online at tnmed.org/join

EMAIL: Scan and send to

membership@tnmed.org

For security reasons,
please do not send credit
card information via email.

Membership dues for TMA are \$510 annually. Local medical society dues vary by county.

Visit tnmed.org/dues to calculate your total annual membership dues, or call or email us for additional assistance.

SIGNATURE OF APPLICANT

DATE

In signing this application, if accepted as a member, I agree to conduct myself professionally according to the principles of medical ethics and to be governed by the Constitution and Bylaws of the component medical society and the TMA. I hereby release and hold harmless from any liability or loss the component medical society to which I am applying, the TMA, its officers, agents, employees, and members, for acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications and hereby release from any liability any and all individuals who, in good faith and without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character, and other qualifications for membership.