



TSSM MEMBERSHIP APPLICATION

Please type information in or print – Thanks!

SECTION I:

Full Name: _____ *Suffix:* _____

Firm: _____

Mailing Address: _____

Phone: _____ *Fax:* _____

Email Address: _____

SECTION II:

(check one)

Physician: \$100.00

Athletic Trainer: \$25.00

Physician Assistants: \$100.00

SECTION III:

Check Number: _____ *Date:* _____

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