



## TSSM MEMBERSHIP APPLICATION

*Please print.*

### SECTION 1:

*Full Name:* \_\_\_\_\_ *Suffix:* \_\_\_\_\_

*Firm:* \_\_\_\_\_

*Mailing Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Fax:* \_\_\_\_\_

*Email:* \_\_\_\_\_

### SECTION 2:

- Physician: \$100.00
- Physician Assistants: \$100.00
- Athletic Trainer: \$25.00

### SECTION 3:

*Check Number:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

***Make Checks payable to TSSM and mail to:***

Texas Society of Sports Medicine  
401 W. 15th Street, Suite 820  
Austin, TX 78701  
512-370-1505 • Fax 512-370-1515

***Thank you for your support of the TSSM!***